

COURSE ADD/DROP FORM

Name: _____ Term: _____
Last Name, First Name & Middle *Fall, Spring or Summer & Year*

ADD

Obtain instructor signature if special approval is required, such as course conflict.*

Course No.	Section No.	Course Title(s) to ADD	*Signature if Required

DROP

See academic calendar for add/drop and withdrawal deadlines.*

Course No.	Section No.	Course Title(s) to DROP	*Last Date Attended

Student Signature _____ Date _____

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