Office of the Registrar

ADD/DROP FORM

Student Name (Print) Contact Phone Number				ID Number			
				_ (check one):	□ Cell	□ Home	□ Work
SEMI	ESTER (check one):			□ SUMMER	YEAR	: 20	
ADD COURSES	in a	n overload v	vill not be prod	er start of the se sessed without o	droppin	g courses	courses resulting at the same
COURSE ID S	SECTION#	COL	URSE TITLE				DAY/TIME
Example: PSYC187	PZ 01	Internship in Psychology					MW 2:45
Course ID	Sec.						
	Instr	uctor Signat	ure (Required	only if instructor	has plac	ed enrollm	ent restrictions)
Course ID							
	Instr	uctor Signat	ure (Required	only if instructor	has plac	ed enrollm	ent restrictions)
Course ID	Sec.						
	Instr	uctor Signat	ure (Required	only if instructor	has plac	ced enrollm	ent restrictions)
DROP COURSI	ES *Last	Day to Drop	without a rec	orded grade - 6	weeks a	after start	of the semester.
Course ID							
		 .					
Course ID	Sec.					 -	
3							
Course ID	Sec. 						
~						For Office	Use Only
STUDENT SIGNATURE Date							
ADVISER SIGNATURE Date							