

Official Drop/Add Form

SEE DIRECTIONS ON REVERSE

PART A Semester: _____ Fall Winter Spring Summer
Year

STUDENT NUMBER	LAST NAME	FIRST NAME

PART B TO BE COMPLETED BY POST-SECONDARY STUDENTS ONLY

Complete for changes in AAL or CLASS (to transfer from one program to another requires application through the Registrar's Office).

FROM

PROGRAM CODE	AAL	CLASS	PROGRAM NAME

TO

PROGRAM CODE	AAL	CLASS	PROGRAM NAME

PART C TO BE COMPLETED TO DROP OR ADD COURSE SECTION

CHANGE CODE	COURSE CODE	SECTION
DROP or ADD		
DROP or ADD		
DROP or ADD		
DROP or ADD		
DROP or ADD		
DROP or ADD		

PART D SIGNATURES

NOTE: APPROVAL CONDITIONAL ON AVAILABLE SPACE

	Print Name	Signature	Date
Student			
Program Coordinator			
Program Chair			