



DROP AND ADD FORM

ID _____ Name _____ First _____ Middle _____ Last _____
 Faculty _____ Class _____ Phone _____
 Major _____ Semester: Fall Spring Summer Academic Year _____

DROP		Course N°	Section	Course Title	Crs. Hrs.	Bldg. & Room N°	*	Days	Time
Total Credits									

ADD		• Dean's Signature	Course N°	Section	Course Title	Crs. Hrs.	Bldg. & Room N°	*	Days	Time
Total Credits										

1- Approved By The Academic Advisor Signature _____ Date _____
 2- Student's Signature Signature _____ Date _____
 3- Approved By The Business Office Signature _____ Date _____
 4- Approved By The Registrar's Office Signature _____ Date _____

* Write in this column (R) for repeated courses | (U) for audited | (C) for cross registration | (E) for exchange
 • Dean's Signature when needed (e.g. Overload, Pre-requisite, Co-requisite etc...)