DROP-ADD FORM

Student ID: _____   Date: _____

Student Name: _____   Email: _____

Reason for Change: _____

STUDENT MUST RETURN THIS FORM TO THE REGISTRAR'S OFFICE PROPERLY SIGNED BY THE DROP/ADD PROFESSOR

DROP

COURSE DESCRIPTION	TIME	DAY(S)	PROFESSOR

ADD

COURSE DESCRIPTION	TIME	DAY(S)	PROFESSOR

The student above has my permission to Drop/Add the above listed course(s).

_____   _____   _____   _____
Drop Professor   Date   Add Professor   Date

_____   _____   _____   _____
Drop Professor   Date   Add Professor   Date

_____   _____   _____   _____
Drop Professor   Date   Add Professor   Date

_____   _____   _____   _____
Drop Professor   Date   Add Professor   Date