



ADD / DROP Form

Return completed forms to the Office of the Registrar

Student Name _____

Student ID *Required _____

Semester (circle 1): **FALL** **SPRING** **SUMMER** Year: **20** _____

ADD

DEPT	NUMBER	Section	Title	Instructor Initial

Add's may not be available if a class or section is full. Please verify online that the course has availability.

DROP

DEPT	NUMBER	Section	Title	Instructor Initial

Advisor's Authorization:

Advisor Signature

Date

Advisor's PRINTED Name

If you have questions, please review the "Changes of Registration" section in the catalog.

FOR REGISTRAR'S OFFICE USE ONLY

Date Received	Processed by: _____ Date: _____
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Form A/D-8.2015