

ADD/DROP FORM

Student Information

Name: _____ I.D. # _____ Date: _____

Veteran's benefits: yes no

Request to Drop:

Course #	Course Name	SCH	Reason
Total SCH dropped:			

Request to Add:

Course #	Course Name	SCH	Reason
Total SCH added:			

Net change in SCH
(mark plus or minus)

Student's Signature: _____

Date: _____

Comments from Academic Advisor:

Advisor's Signature: _____

Date: _____