



# ADD/DROP FORM

ID#: \_\_\_\_\_ Year: \_\_\_\_\_  Fall  Spring  SS1  SS2  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

DROP				ADD			
Subject	Course #	Section #	Instructor	Subject	Course #	Section #	Instructor

*\*Please keep a copy of this form until final grades are posted and/or appropriate refund is received.*

*The following signatures are required for all transactions:*

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Admissions Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form can ONLY be submitted and processed at the Office of Admissions and Records.***

Office - White Copy  
Student - Yellow Copy