

COURSE ADD/DROP/WITHDRAWAL FORM

Student ID

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NAME _____				
Last	First	Middle		
Term	Major	Advisor	Local Phone Number	Cell Phone Number

COURSES TO BE WITHDRAWN/DROPPED*						COURSES TO BE ADDED					
CRN	SUBJECT ABBREV.	COURSE	SECT	COURSE TITLE	INSTRUCTOR SIGNATURE & DATE	CRN	SUBJECT ABBREV.	COURSE	SECT	COURSE TITLE	INSTRUCTOR SIGNATURE & DATE

*Course drop or withdrawal is determined by the date this form is processed.

Comments: _____

Student's Signature

Date

Advisor's Signature

Date

Schedule changes will be processed when the student submits the completed form (with instructor and advisor signatures) to the Registrar's Office (Eldridge Hall, quad level).