

ADD/DROP FORM

DO NOT USE THIS FORM IF YOU ARE DROPPING ALL CLASSES.

_____ Fall _____ Spring _____ Summer _____ Year Student ID# _____

Name: _____ Date: _____

ADD

Dept.	Course No.	Sec. No.	Pass/Fail Or Audit

DROP

Dept.	Course No.	Sec. No.	Pass/Fail Or Audit

Adding/Dropping classes may have financial aid ramifications. If you think this action may impact your scholarships or financial aid, please contact the Financial Aid Office prior to adding or dropping your class(es).

Student's Signature _____ Date _____

Instructor's Signature (if required) _____ Date _____ *Stamp Required*

Division Chair's Signature (if required) _____ Date _____ *Stamp Required*

ADD/DROP FORM

DO NOT USE THIS FORM IF YOU ARE DROPPING ALL CLASSES.

_____ Fall _____ Spring _____ Summer _____ Year Student ID# _____

Name: _____ Date: _____

ADD

Dept.	Course No.	Sec. No.	Pass/Fail Or Audit

DROP

Dept.	Course No.	Sec. No.	Pass/Fail Or Audit

Adding/Dropping classes may have financial aid ramifications. If you think this action may impact your scholarships or financial aid, please contact the Financial Aid Office prior to adding or dropping your class(es).

Student's Signature _____ Date _____

Instructor's Signature (if required) _____ Date _____ *Stamp Required*

Division Chair's Signature (if required) _____ Date _____ *Stamp Required*