



# Drop/Add Form

Name: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_ Term: \_\_\_\_\_  
Last First

## DROP

Full signatures required

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE	Credits	Course Instructor	Advisor

## ADD

Full signatures required

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE: TOPIC OF STUDY (Independent Study, Readings, Project, Thesis, Dissertation, Field Work)	Credits (3-8 for I.R.U. and include credits)	Course Instructor	Override (Pre-Req or Co-Req)	Advisor

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Academic Records Office \_\_\_\_\_