



ADD/DROP FORM

**ADD OR DROP IS NOT COMPLETE UNLESS THIS FORM HAS BEEN SIGNED BY YOUR ADVISOR.
THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE.**

Student ID Number _____ Name (Last, First, Middle Initial) _____ Date _____ Term _____

	CRN NO	SUBJ	CRSE#	COURSE TITLE	CR HRS	TIME	M	T	W	R	F	S	INSTRUCTOR NAME	ROOM	ADVISOR INITIALS
	D R O P														
A D D															

REASON FOR CHANGE _____ TOTAL # OF HOURS AFTER CHANGE _____

WAIVE PRE/CO REQ FOR _____ DEAN _____

STUDENT SIGNATURE _____ ADVISOR _____

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

DO NOT USE THIS FORM IF HOURS AFTER CHANGE IS ZERO