

Course Add and Drop Request Form

Instructions: Please complete all sections of this form. This form is designed for printing and manual signature collection. Do not submit online.

Student Information

Student Full Name: Student ID:
Semester / Term: Academic Year:
Email Address: Phone Number:
Major/Program:

Courses to ADD

Course Code	Course Title	Section	Credits	Instructor Signature / Approval (If required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Courses to DROP

Course Code	Course Title	Section	Credits	Instructor Signature / Approval (If required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Request

Please provide a brief reason for this request:

Required Signatures

By signing below, the student and advisors acknowledge and approve the requested changes to the student's academic schedule.

Student Signature: Date:
Academic Advisor Signature: Date:
Registrar Office Signature: Date: