



Class Add or Drop Form

1. Personal Information:

Student's Name _____ Date of Birth _____ (mm) / _____ (dd) / _____ (yyyy)
Address _____
Phone _____ Email _____

2. Program of Study :

ADD

Course #	Course Title	Instructor's Name	Instructor's Signature

DROP

Course #	Course Title	Instructor's Name	Instructor's Signature

This form may only be used for Add/Drops made prior to the 3rd week of class.

Student's Signature _____ Date _____

Academic Dean's or
Director's Signature _____ Date _____

Dir. Adm. Rec. Signature _____ Date _____