



Add/Drop Form

I am a: Full Time Student Part Time Student Graduate Student

Your Advisor:

Name:	Telephone Number:
Home Address:	Campus Extension:

Courses Added

Courses Dropped

Course#	Section	Title	Credits	Instructor	Course#	Section	Title	Credits	Instructor

For Full Time Students Only: Course or section changes made after the first week of a semester will be assessed a \$ _____ late fee. Take this form to the Business Office for payment and approval before final processing in the Registrar's Office.

Business Office Signature:	Date:
Advisor's Signature:	Date:
Student Signature:	Date: