



STUDENT COURSE ADD/ DROP FORM

Attach copy of Students' class Attendance Record

To be Completed
by Student or
Program Director

NAME _____ SSN _____

ADDRESS _____

PROGRAM _____ PHONE _____

To be Completed by Program Director

ADD

Course Number	Course Title	Course Start Date	Course End Date	Instructor

DROP

Course Number	Course Title	Course Start Date	Course End Date	Instructor	Last Date Attended	Final Grade	Not Attempted

REASON FOR DROPPING/ADDING COURSE:

LAST DATE OF ATTENDANCE _____

DATE OF DETERMINATION _____

INSTRUCTOR/DIR SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

REGISTRAR _____ FINANCIAL AID _____ FINANCE _____

FOR OFFICE USE ONLY