

# COURSE ADD/DROP/WITHDRAWAL FORM

Student ID

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NAME _____				
Last	First	Middle		
Term	Major	Advisor	Local Phone Number	Cell Phone Number

COURSES TO BE WITHDRAWN/DROPPED*						COURSES TO BE ADDED					
CRN	SUBJECT ABBREV.	COURSE	SECT	COURSE TITLE	INSTRUCTOR SIGNATURE & DATE	CRN	SUBJECT ABBREV.	COURSE	SECT	COURSE TITLE	INSTRUCTOR SIGNATURE & DATE

\*Course drop or withdrawal is determined by the date the student submits the completed form (with instructor and advisor signatures) to the Registrar's Office (Eldridge Hall, quad level).

Reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature

Date

Advisor Signature

Date