 **Drop/Add Form**

**Record No.:**

**Date:**

**Registrar’s Signature:**

 **Student’s Name:**

 **ID** **#** :

 **Major** :  **Semester:**

 **Faculty** : **Date :**

|  |
| --- |
| **DROP** |
| **Course Code** | **Section** | **Credits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

|  |
| --- |
| **ADD** |
| **Course Code** | **Section** | **Credits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

 **Student’s Signature:**

 **Advisor’s Signature:**