

ADD/DROP FORM



Center for Continuing and Online Education
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Office Use Only
Do not write in this box
ID# _____

Name: _____

ID# _____

DROP

Dept.	Course #	Section #	Course Title	Credit Hours

ADD

Dept.	Course #	Section #	Course Title	Credit Hours

Student's Signature

Date

Instructor's Signature (when applicable)

Date

USE THIS FORM UP THROUGH THE FIRST WEEK OF CLASS ONLY