NI	
IN	

DROP / ADD

Student's Name	e:		MI	DDLE	LAST	Date:	 	
Student ID:						Semester/Y	r:	
How many cred	lit hours are	you currently (enrolled in? _		DAT TEAR			
How many credit hours will you be enrolled in after this form is processed?								
Are you dropping a VCT course?								
NOTE: If course(s) being dropped/added includes a lab, it must also be listed below.								
DROP								
COURSE	ID	SEC	TERM/YR	DESCRIPTION			INSTRUCTOR'S NAME	
	•	•	•					
COURSE	ID	SEC	TERM/YR	ADD DESCRIPTION			INSTRUCTOR'S NAME	
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OTUDENT OLO						D.4.T.E		
STUDENT SIGNATURE: DATE:								
				_				
					RECEIVED DATE:		PROCESSED DATE:	
					BY:		BY:	
					TERM:			