



# COURSE ADD - DROP FORM

***NO Add or Drops AFTER THE FIRST TWO WEEKS OF CLASS***

Office of the Registrar

Term: \_\_\_\_\_

Date \_\_\_\_\_

Soc. Sec Number .# or Student ID \_\_\_\_\_

Student Name \_\_\_\_\_  
Last, First (Please Print)

Major \_\_\_\_\_ 2nd Major \_\_\_\_\_

**Please ADD the following course(s) to my current schedule:**

CRN Course # Title Semester Hrs.

CRN Course # Title Semester Hrs.

CRN Course # Title Semester Hrs.

**Please DROP the following course(s) from my current schedule:**

CRN Course # Title Semester Hrs.

CRN Course # Title Semester Hrs.

Student Signature \_\_\_\_\_

**UNDERGRADUATE STUDENTS NEED TO HAVE ADVISOR(S) SIGNATURE(S)**

Approved by: \_\_\_\_\_  
Academic Advisor Printed Name and Signature

Approved by: \_\_\_\_\_  
2<sup>nd</sup> Major Advisor Signature

Registrar's Office \_\_\_\_\_  
Initial & Date

***OFF CAMPUS STUDENTS MAY FAX THIS FORM TO: (815)740-5084***