



# Course Drop/Add Form

\*\*\*Course added may result in additional fees\*\*\*

Fall Summer Spring Semester 20

Phone Number

Student ID

Last Name

First Name

Middle Name

Advisor Signature

Instructor Signature

Recommended

Not Recommended

Veterans: VA Coordinator Signature  
Registrar's Office

International Students: Director Signature  
Registrar's Office

Student Signature

	Course Request Number	Subject	Course Number	Section Number	Credits	Grade Option	Instructor Signature	Date
Add						Traditional Credit/ No Credit		
Drop						Traditional Credit/ No Credit		