

Start Term: _____
Scanned & Saved: _____



_____ **DROP NOTICE** Semester: _____
_____ **ADD NOTICE**

Student Name: _____

SS NO. XXX-XX-_____ Last 4 Digits **OR** Student ID No. _____

REASON FOR CHANGE: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

COURSE NAME & NO.	CDT HRS	SESSION (Full term, I, II)	INSTRUCTOR	INITIALS	DROP OR ADD

Last Updated: 5/18/2021

**Note: This form should be printed and completed by the student, professor, and advisor.
Students may be responsible for the cost of the course. Students will be assessed a drop/add fee per transaction.**