

Add/Drop Form

This form represents **and does not replace** the conversations that take place in any instance of a student adding or dropping a course.

Student Name/Date: _____

Add Course:

First choice _____ Second choice _____

Third choice _____

Drop Course: _____

Reasons for Change:

Student Signature:

Signatures: (A signature indicates that a conversation has taken place between the signatory and the student. Please also indicate support or non-support of the change. Comment below to capture any reservations or concerns.)

Advisor: _____ Date: _____ Support/Not Support (circle)

Parent: _____ Date: _____ Support/Not Support (circle)

Electives Coordinator/Academic Dean: _____ Date: _____

Please submit completed form to Electives Coordinator or Academic Dean. Please note any concerns, comments, or conditions below