



Drop / Add Form

**INSTRUCTIONS**

1. Fill in this form IN BLOCK LETTERS with a ball point pen.
2. The white copy is for the student and the pink copy is for the advisor.
3. The student must return the green copy to the office of registration to obtain the statement of fees.

Name:..... Father:..... Family:..... Nationality:.....

Year 2   0       2   0	Student Type: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Other:.....	Program Faculty:..... Major: .....	I.D. No. 
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

**ADD**

CRN*	SUBJECT	NUMBER	SECTION	COURSE TITLE	CREDITS	PLACE	DAYS	TIME	DEPARTMENTAL SIGNATURE
<b>Total Added</b>									

**DROP**

CRN*	SUBJECT	NUMBER	SECTION	COURSE TITLE	CREDITS	PLACE	DAYS	TIME	DEPARTMENTAL SIGNATURE
<b>Total Dropped</b>									

Advisor's Name.....

Advisor's Signature.....

Student's Signature.....

Date.....

**Total Credits**