



Name: _____

Academic Year: 20____ - 20____

ADD/DROP FORM

SONISID: _____

Date: _____

ADDS						DROPS						
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DEPT.	NO.	SEC.	SEM.	HRS.	INSTRUCTOR'S SIGNATURE	DEPT.	NO.	SEC.	SEM.	HRS.	"W"*	GRADE	INSTRUCTOR'S SIGNATURE

*** IF A WITHDRAWAL, INSTRUCTOR MUST ENTER "W" IN GRADE**

Approved: _____

Processed: _____

Academic Advisor

Registrar's Office

Housing (if student is dropping below 12 hours)

Date Processed