

COURSE(S) ADD/DROP/AUDIT FORM

Note: Any changes resulting in a course load of more than 18 credits REQUIRES the Academic Council's approval.

Name _____ Student No _____ Date Requested _____

Semester: Fall Spring Summer Year: _____

ADD

Course Number	Course Title	Credits	Teacher's Signature

DROP

Course Number	Course Title	Credits	Teacher's Signature

AUDIT

Course Number	Course Title	Credits	Teacher's Signature

Signatures _____
Student

Program Advisor Date

Registrar Date Received