



Add & Drop Form

First Name**Middle Name****Last Name**

ID**CGPA****Mobile Number**

Semester / Year

Fall _____

Spring _____

Summer _____

Level

Freshman

Sophomore

Junior

Mid-Senior

Senior

Department

Add

Course Code	Course Title	Credit Hrs	Pre-requisite

Drop

Course Code	Course Title	Credit Hrs	Pre-requisite

Total Credit Hrs before Adding / Dropping _____

Total Credit Hrs after Adding / Dropping _____

Student's Signature

Academic Advisor's Signature

Student Affairs

Date