

## Drop/Add Form

Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

	Dept.	Course #	Section	Course Title	Days/Time			r □Academic year: of Division Chair (may be required for enrollmen		Audit?
										□Yes □No
										□Yes □No
)										□Yes □No
										□Yes □No
	Dept.	Course #	Section	Course Title	Days/Time	Credits	Date	Reason for dro	pping	
								☐ Employment ☐ Finan ☐ Health ☐ Milita ☐ Moving ☐ COVID	ry	
O P								☐ Other		
		1	Number of	credit hours for the indicated sem	ester following this action:					
doc hola oreq	Responsib nument mu arship, fede	oility: est be submitted	for action to or availability			t one or more		y.		

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