

**Course Add/Drop**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Cell phone carrier:  US Cellular  Verizon  AT & T  Tracfone  Other \_\_\_\_\_

Student ID #: \_\_\_\_\_ Email address: \_\_\_\_\_

Advisor: \_\_\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_\_\_

This form is only valid when completed and submitted within the first week of the semester. Advisor approval is required.

Course Code	Add/Drop	Course Title	Credit Hours

***CHANGES IN TOTAL COURSES AND CREDIT HOURS CARRIED MAY  
IMPACT FINANCIAL AID AND MAY AFFECT YOUR BILL.***

Please submit completed form to Donna Geel, Assistant to the Academic Dean.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Processed: \_\_\_\_\_

Initials

Date