



Registrar's Office

Student Change of Course Form

Student Name: _____

Class: _____ Date: _____

<u>ADD A COURSE:</u>	<u>DROP A COURSE :</u>
Course: _____	Course: _____
Course#: _____ # Credits _____	Course#: _____ # Credits _____
Instructor: _____	Instructor: _____
Course: _____	Course: _____
Course#: _____ # Credits _____	Course#: _____ # Credits _____
Instructor: _____	Instructor: _____
Course: _____	Course: _____
Course#: _____ # Credits _____	Course#: _____ # Credits _____
Instructor: _____	Instructor: _____

Always consult your advisor when selecting courses.

Return this form to the Registrar's Office.