

CURRENT INFORMATION: Fill out completely.

Student's Name _____ Student ID# _____

Date: _____ Major: _____ Class: FR / SO / SRJR
(Circle one)

Housing: Resident / Commuter Graduating SR: Yes / No Term/Year (e.g. Spring 20)
(Circle one) (Circle one)

DROP

Course Prefix and Number	Section	Course Title	Time	Credit	Instructor

ADD

Course Prefix and Number	Section	Course Title	Time	Credit	Instructor
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