DELAWARE VALLEY COLLEGE
Office of the Registrar

FULL-TIME PRE-SEMESTER & CONTINUING EDUCATION
ADD/DROP FORM

Please Clearly Print all information

SS#_____-_____-_____

ID#_____ _____ _____
Class Year Semester

_____ _____
Last First MI Major

DROP=====DROP=====DROP=====DROP=====DROP=====DROP=====DROP

COURSE NUMBER	LECTURE SECTION	LAB SECTION	COURSE NAME	SEM CR

ADD=====ADD=====ADD=====ADD=====ADD=====ADD=====ADD=====ADD

COURSE NUMBER	LECTURE SECTION	LAB SECTION	COURSE NAME	SEM CR

NOTE: 1) Enter lecture section number as (201, 202, 251,...)
2) Enter lab section number as (121,122, 161,...)

Student's Signature: _____

Advisor's Signature:_____ Date: _____

Registrar's Office Use Only

Entered By: _____ Date: _____