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

Please Clearly Print all information

STUDENT ID#_________________________

Date of Birth _____/_____/______  ____________

Class Year                           Semester

Last                                                 First                                  MI              Major

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<th>LAB SECTION</th>
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<th>SEM CR</th>
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NOTE:  1) Enter lecture section number as (201, 202, 251,...)
   2) Enter lab section number as (121,122, 161,...)

Student’s Signature: ____________________________ Date: ____________

Student Phone Number: ____________________________

Advisor’s Signature: ____________________________ Date: ____________

Registrar’s Office Use Only

Entered By: ____________________________ Date: ____________