FAITH COLLEGES

ADD DROP FORM

School Year : _____

Semester : _____

Date Accomplished:_____

Student Number: _____

Course:_____

Name of Student : _____

SUBJECT (S) TO ADD

CLASS CODE	COMPCODE	UNITS	TIME	DAYS	ROOM	INSTRUCTOR

SUBJECT (S) TO DROP

CLASS CODE	COMPCODE	UNITS	TIME	DAYS	ROOM	INSTRUCTOR

REASONS(S)

_____

_____

_____

APPROVED:

_____
Student's signature over printed name
Date Signed: _____

_____
Dean's signature over printed name
Date Approved:_____

Received by:_____

Date Received :_____ Date Posted :_____