

TERM:



I.D.NUMBER:

S.S.NUMBER:--

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STATE

STREET
ZIP

CITY

LOCAL PHONE: (____) _____
(____) _____

WORK PHONE:

ADD

DROP

DEPT. COURSE SEC.
TITLE
NO.

TITLE

DEPT. COURSE SEC.
NO.

DEPT.	COURSE	SEC.	TITLE	DEPT.	COURSE	SEC.	TITLE
NO.	NO.	NO.		NO.	NO.	NO.	

ASST. OR ASSOC. DEAN SIGNATURE (when required)

DATE

PROFESSORS' SIGNATURE (when required)

DATE

I, the undersigned student, agree that I am responsible for this course selection and that I will be held liable for any tuition, fees & collection charges incurred by me as a result of failure to withdraw from the above course(s) during the specified withdrawal period.

STUDENT SIGNATURE

DATE

REGISTRAR'S OFFICE SIGNATURE

DATE