

Add/Drop Course Form

For Student Use

College of:	Concentration:	Semester
Student Name:		Student ID:
Mobile No.:	GPA:	Academic Year:

ADD

No.	Course Code	Course Name	Section	Time	Credit Hours	Advisor Signature
1						
2						
3						
4						
5						
6						
7						
Total of Credit Hour						

DROP

No.	Course Code	Course Name	Section	Time	Credit Hours	Advisor Signature
1						
2						
3						
4						
5						
6						
7						
Total of Credit Hour						

Student Signature:	Date: / /
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For Official Use

Attendance Accounting Officer

It is confirmed that the student does not have a denial in the course(s)

Name:	Signature:	Date: / /
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e-System Confirmation (Office of the Admissions & Registration)

Name:	Signature:	Date: / /
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Admissions & Registration Department