

Add/Drop Form

St. Lawrence University

Semester _____

Year _____

M.

ID# _____ Last _____

First _____

M.

Office Use

Change of

Crse. Prefix

Complete course Department, Number, Section, and Printed Name of Instructor (for adds). **Incomplete forms will NOT be processed.**

Course DROPS

Course ADDS *

Dept.	Course No.	Sec.	Instructor Signature	Date	Dept.	Course No.	Sec.	Instructor Name (PRINT)	Instr. Signature (do not sign blank forms)	Date

**If this course is an Independent Study, indicate unit value and title below in comments.*

Comments: _____

Advisor Signature _____

Date _____

Student Signature _____

Date _____

Processor _____

Date _____

~ Return completed form to: Registrar's Office, Vilas 117 ~

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