

Office Use
Change of
Course Prefix

Add/Drop Form

St. Lawrence University

Semester _____ Year _____

ID# _____ Last Name _____

First Name _____ M. _____

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

Course DROPS

Dept.	Course #	Sec.	Instructor Signature	Date

Course ADDS*

Dept.	Course #	Sec.	Instructor Name (PRINT)	Instructor Signature **	Date

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

** Instructors: Do NOT sign blank forms.

Comments _____

Advisor Signature _____

Date _____

Student Signature _____

Date _____

Processor _____

Date _____

Return completed form to the Registrar's Office, Vilas 117

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