

Office Use
Change of
Course
Prefix

ADD/DROP FORM

St. Lawrence University

Semester _____

Year _____

Student ID

Student Name

Complete course Department, Number, Section, and Printed Name of Instructor. Incomplete forms will NOT be processed.

Course DROPS					Course ADDS*					
Dept.	Course No.	Sec.	Instructor Name (Print)	Date	Dept.	Course No.	Sec.	Instructor Name (Print)	Instructor Signature (do not sign blank forms)	Date

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

Comments: _____

Student Signature

Date

Processor

Date

Students are responsible for consulting with their academic advisor regarding schedule changes and the related implications to their academic progress.

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