

## Add / Drop Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ HSC Identifier #: \_\_\_\_\_

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### **Request for Enrollment:**

*(For Courses listed in the Senior Academic Year Catalog)*

Period: \_\_\_\_\_

Course No: \_\_\_\_\_  
                    Dept Code                      Number

Course Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

PRINT Instructor Name and Title: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Approval granted for enrollment in this (s)elective:

\_\_\_\_\_  
Departmental Authorized Signature

\_\_\_\_\_  
Date

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### **Request to Drop:**

Period: \_\_\_\_\_

Course No: \_\_\_\_\_  
                    Dept Code                      Number

Course Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Approval granted for drop in this (s)elective:

\_\_\_\_\_  
Departmental Authorized Signature

\_\_\_\_\_  
Date