

**ADD/DROP PETITION FORM\***

First name: _____	Middle name: _____	Last name: _____
Student ID number: _____	Mobile: _____	E-mail: _____
Faculty: _____		Campus: _____
Semester: <input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____

	Course code	Course Title	Class number
ADD			
DROP			

I am aware that the above actions may affect my academic record and any financial charges that are accrued. Signature of Student:	Date: ___/___/___
Advisor's Name and Signature:	Date: ___/___/___
Approved by the Dean/Director:	Date: ___/___/___
Processed by the Office of the Registrar:	Date: ___/___/___

\* All students must submit this form to their advisor's office.