IMMACULATA UNIVERSITY COLLEGE OF UNDERGRADUATE STUDIES ADD/DROP FORM

PLEASE PRINT

Semester _	Year:				
Name:			ID/SSN:		
Courses ADDED:			Courses DROPPED:		
CRN	Course # & Section	Credits	CRN	Course # & Section	Credits
Student Signature:			Date:		
Advisor Signature:					
Processed by/Date:/					
TOTAL CREDI					
		18 credits Notify Bursar			
AFTER change (s):		If C	If 0 credits: SFAWDRL Date:		