



**COLLEGE OF
MOUNT SAINT VINCENT**

ADD/DROP FORM

DATE: _____

ID: _____

STUDENT'S NAME: _____

CLASS: _____

TERM: FALL _____ WINTER _____ SPRING _____ SUMMER _____

ADD

DEPARTMENT	COURSE #	SECTION	TITLE	CREDITS	CRN #

DROP

DEPARTMENT	COURSE #	SECTION	TITLE	CREDITS	CRN #

STUDENT SIGNATURE

ADVISOR SIGNATURE

*COMPLETE THIS FORM AND SUBMIT TO THE REGISTRAR'S OFFICE FOUNDERS HALL, ROOM 233