

Northern Maine Community College

Add/Drop Form



Fall Spring Summer 20 _____

Major _____

Last Name _____ First Name _____ MI _____

Student ID# _____

Are you receiving VA benefits? Yes No

If you are adding or dropping a class(es), please have your instructor initial the change(s).

	Course Number	Course Title	Credit Hours	Initials
ADD				
	Total Credit Hours Added			
DROP				<input type="checkbox"/> WF <input type="checkbox"/> WP
				<input type="checkbox"/> WF <input type="checkbox"/> WP
				<input type="checkbox"/> WF <input type="checkbox"/> WP
				<input type="checkbox"/> WF <input type="checkbox"/> WP
				<input type="checkbox"/> WF <input type="checkbox"/> WP
	Total Credit Hours Dropped			
Total Credits				

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Return Completed Form to the Registrar's Office

Office Use Only: Data Operator _____ Date Entered _____