OFFICE OF ACADEMIC RECORDS

4150 Administration Drive, Berrien Springs, MI 49104-0800
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Drop/Add Form

Name: _____ Student I.D. Number: _____ Term: _____
Last First

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Full signatures required

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE	Credits	Course Instructor	Advisor

ADD

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CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE: TOPIC OF STUDY (Independent Study, Readings, Project, Thesis, Dissertation, Field Work)	Credits (³$8´ IRU ‹ and include credits)	Course Instructor	Override (Pre-Req or Co-Req)	Advisor