



Course Add/Drop Form

Student Name

AMC ID # or SSN

Semester

Site

Program

Graduate

Undergraduate

COURSE TITLE

COURSE NUMBER

START DATE

Drop Course

Add Course

COURSE TITLE

COURSE NUMBER

START DATE

Drop Course

Add Course

COURSE TITLE

COURSE NUMBER

START DATE

Drop Course

Add Course

COURSE TITLE

COURSE NUMBER

START DATE

Drop Course

Add Course

DATE RECEIVED

RECEIVED BY

Please return this to the:
Office of the Registrar, BOX M