DROP / ADD FORM

Indicate Term that Applies:



Fall (1S)Spring (2S)Summer (3S)			_Winterses _Spring Into _Summer In	sion (1T) ersession (ntersessior	[2T) n (3T)	First Fall Module (1L) Second Fall Module First Spring Module (2D) Second Spring Mo First Summer Module (3D) Second Summer M			ng Module (2L)
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Course Department Number		Section	Credit ADD FOR		ADD FOR Grade Audit	MI College Yr. Department/Instructor Department PRINT NAME SIGNATURE		rtment	Curriculum Instructor SIGNATURE
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1Student's Signature 2Dean's Signature						Student's Signature 2. Department Chair or Gr	aduate Advice	or's Signat	Date ure Date
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