



**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 223 (CURRY CENTER)