

Semester _____

JARVIS CHRISTIAN COLLEGE

Office of the Registrar

COURSE ADD/DROP FORM

Student Name: _____ **Student ID** _____

Courses to be added:

| Course Number | Course Section | Course Name | Instructor |
|----------------------|-----------------------|--------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Student Signature **Date**

Advisor Signature

Date

Courses to be dropped or withdrawn:

| Course Number | Course Section | Course Name | Instructor |
|----------------------|-----------------------|--------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Student Signature **Date**

Advisor Signature **Date**

Office Use Only

Processed by _____ *Date Processed* _____