BACONE COLLEGE **DROP / ADD FORM** ***Student Athlete/Club Participant [ ] YES [ ] NO**

PLEASE PRINT NAME	LAST	FIRST	MI	ID#	SEMESTER: F S SU

DROP	DEPT	COURSE#	SEC#	COURSE TITLE	TIME	M	T	W	T	F	S	INSTRUCTOR	HRS
ADD:													

Student's Signature: Date:	TOTAL HOURS AFTER CHANGE:
Advisor's Signature: Date:	
*Coach/Club Coordinator Signature: Date:	
DATE RECEIVED BY REGISTRAR'S OFFICE:	

(Revised 3/26/08)

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