

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

PLEASE PRINT NAME					LAST	FIRST	MI	ID#					SEM/YEAR: F/SP/SU	
DROP	DEPT	COURSE#	SEC#	COURSE TITLE	TIME	M	T	W	T	F	S	INSTRUCTOR	HRS	
ADD	DEPT	COURSE#	SEC#	COURSE TITLE	TIME	M	T	W	T	F	S	INSTRUCTOR	HRS	
Student's Signature: _____ Date: _____						TOTAL HOURS AFTER CHANGE:								
Advisor's Signature: _____ Date: _____						FINANCIAL AID Signature _____ Date _____								
*Coach/Club Coordinator Signature: _____ Date: _____														
DATE RECEIVED BY REGISTRAR'S OFFICE:														