ST MARY'S COLLEGE of MARYLAND
The National Public Honors College

DROP/ADD

NAME-Please print: Last, First & MI					Student ID Number						
Fall 20____ Spring 20____ Summer 20____											
	COURSE #	**SECTION**	**COURSE TITLE**	**HOURS**	**INSTRUCTOR'S SIGNATURE**						**DATE**
D											
R											
O											
P											
A											
D											
D											
	PSYC101	**02**	**INTRO. TO PSYCH.**	**4**	**SAMPLE**						0/00/00
Advisor's Overload Signature					**Date / /**						

Student's Signature_____ **Date**___/____/_____