

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									
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D									
	PSYC101	02	INTRO. TO PSYCH.	4	SAMPLE	0/00/00			
Advisor's Overload Signature					Date / /				

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