St. Mary's College of Maryland
at Historic St. Mary's City

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**___/____/_____