

ADD/DROP CARD

Name: _____
Last First MI

Email: _____@uwosh.edu

Student ID# : _____ Term: Fall 20_____ Spring 20_____ Summer 20_____

ADD	DROP	Class #	Subject/Catalog #/Section #	Course Title	Credit	Audit
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Instructor/Department Signature _____ Date _____

Notes/Comments:

Signature approves consent, class limit, and requisites.

Add/Drops are not official until they are processed by the Registrar's office.

Time Conflict Approval

The instructor's consent is required for both courses to approve the time conflict

Class #	Instructor's Consent	Date
_____	_____	_____
_____	_____	_____

Notes/Comments