



Office of the Registrar
1419 Salt Springs Rd
Syracuse, NY 13214
Phone: (315) 445-4456

ADD/DROP FORM

Name: _____ Student #: _____
(Last) (First) (MI)

Class Year: _____

ADD

Term	Dept.	Course #	Section	Dept. Chair (required ONLY if overriding closed course)

DROP

Term	Dept.	Course #	Section	Name of Instructor

Comments: _____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE REC'D _____ DATE PROCESSED _____ INIT. _____