



Mount Ida College
Add/Drop Form

Last Name: _____

First Name: _____

ID#: _____

Semester: Fall Spring Summer **Year:** _____

Add Courses:

Course Number/Section:	Course Title:

Drop Courses:

Course Number/Section:	Course Title:

Student's signature: _____ Date: _____

Advisor's signature: _____ Date: _____

For office use only

Reg'd by: _____

Date: _____