



DROP/ADD COURSE REQUEST

Date _____

I, _____, ssn _____ - _____ - _____,

wish to DROP course _____, section _____ and ADD

course _____, section _____.

This form must be faxed to Denise Stewart, 254-582-7591. I understand that it is my student responsibility to insure that drop/add requests have been received and to verify that appropriate changes have been made to my schedule.

Student's Printed Name _____

Student Signature _____