



Course Add/Drop Form Springfield College

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

SEMESTER / YEAR: _____

Student Name: _____

ID: _____

Student Signature: _____

Class: _____

Div: _____

Course(s) to be ADDED (Students may add a course only if done within the designated add period. Advisor approval is required.)

	Course Prefix	Number	Sec	Lab	Credit Hours	Grading Options			Days	Times	Instructor
						P/F	Audit	Repeat			
1											
2											
3											
4											
5											
6											
7											
8											

Total Credits ADDED: _____

Course(s) to be DROPPED (Students may drop a course and remove it from their record, only if done within the designated drop period. Advisor approval is required.)

	Course Prefix	Number	Sec	Lab	Credit Hours	Grading Options			Days	Times	Instructor
						P/F	Audit	Repeat			
1											
2											
3											
4											
5											
6											
7											
8											

Total Credits DROPPED: _____

Advisor 1 Signature: _____

Date: _____

Advisor 2 Signature: _____

Date: _____

<u>Registrar's Office Use Only</u> Credit Hours Before Transaction: _____ Credit Hours After Transaction: _____	<u>Bursar's Office Use Only</u> Charge: _____ Credit: _____
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<u>Registrar's Office Use Only</u> Processed By: _____ Date: _____
