

Date: _____ Term: _____ Year: 20__

CSI ID#: _____ Name: _____

ADD COURSE

DROP COURSE

Sect# _____ Cr _____
 Course _____
 Title _____ Audit
 Associated _____
 Lab Sect # _____
 Student's _____
 Signature _____
 Instructor's _____
 Signature _____

Sect# _____ Cr _____
 Course _____
 Title _____
 Associated _____
 Lab Sect # _____
 Student's _____
 Signature _____
 Instructor's _____
 Signature _____

OFFICE USE ONLY

Operator _____

Date _____