GRACE SCHOOLS - DROP/ADD FORM

TERM: (CHECK ONE) ☐ FALL ☐ WINTERIM ☐ SPRING ☐ SUMMER

SCHOOL: (CHECK ONE) ☐ COLLEGE ☐ GRADUATE ☐ SEMINARY ☐ DISTANCE LEARNING

STUDENT ID#: _____ **DATE:** _____

STUDENT NAME: _____ **BOX #:** _____

DROP

COURSE #	COURSE TITLE	CR HRS	INSTRUCTOR

ADD

COURSE #	COURSE TITLE	CR HRS	INSTRUCTOR

I have reviewed and approved the above changes:

Student's Signature: _____

Advisor's Signature: _____

Financial Aid: _____

THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUIRED SIGNATURES!