



ADD / DROP FORM

**7434 Perkins Road
Baton Rouge, LA 70808
Fax (225) 768-1726**

Semester _____

LAST: _____ FIRST: _____ MIDDLE: _____

CONTACT PHONE NUMBER (S): _____

CLASSIFICATION: _____ (Division/Program of Study)

<u>Department</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Credit Hours</u>	<u>ADD (✓)</u>	<u>DROP (✓)</u>

Student: _____ **Date** _____

Advisor: _____ **Date** _____

Special Approval: _____ **Date** _____

WHITE – Office of the Registrar

YELLOW – Student's Copy

Revised 3/2/07