

# villanova university

Office of the Registrar

DROP / ADD FORM

PLEASE PRINT ALL INFORMATION

**REGISTRAR COPY**

| YR./TERM | STUDENT NUMBER | LAST NAME | FIRST | M.I. | COLL. | MAJ. | DATE |
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| DROP            |      |        |      |    |
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| TOTAL CREDITS → |      |        |      |    |

| ADD             |      |        |      |    |
|-----------------|------|--------|------|----|
| CRN             | SUBJ | COURSE | SECT | CR |
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| TOTAL CREDITS → |      |        |      |    |

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STUDENT SIGNATURE

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| _____<br>APPROVING SIGNATURE | _____<br>EFFECTIVE DATE |
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