

Mount St. Joseph University ADD/DROP FORM

Print Name: _____ ID#: _____

(Last) (First)

Student Signature: _____ Date: _____

Semester/Year: _____ Advisor's Name: _____ Major: _____

ADD THE FOLLOWING COURSES:

The student is responsible for submitting this form to the Registrar's Office in the Conlan Center or emailing the form to Registrar@msj.edu

Subject	Course #	Section	Course Title	Hrs	P/F or Audit?	Instructor Signature (OR Department Chair)	Advisor Signature

Subject	Course #	Section	Course Title	Hrs	Advisor Signature
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Internal Use Only	_____	_____	_____
	_____	_____	_____

*The add/drop request is not effective until submitted to the Registrar's Office