MercyCollege

ADD/DROP/WITHDRAW FORM

STUDENT ID# _____ **TERM:** _____

NAME: _____
LAST FIRST

ADDRESS: _____
STREET CITY STATE ZIP

ADDRESS/PHONE # CHANGE: _____YES _____NO PHONE (_____) _____

A/D/W/ WP/WF	COURSE # (Ex. BIO 101)	SECTION # (Ex. 01; W1)	CREDIT HRS	COURSE NAME	INSTRUCTOR'S SIGNATURE

TOTAL CREDIT HRS: _____

COMMENTS: _____

_____

_____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

White Copy - Registrar Yellow Copy - Advisor Pink Copy – Student

Revised as of: 9/21/2011