



URBAN COLLEGE OF BOSTON

SEMESTER: _____ **YEAR:** _____

ADD/DROP INSTRUCTIONS:

1. Check course schedule for correct course number and title.
2. **Courses must be dropped or added prior to second class.**
3. Obtain signature from your Academic Advisor.
4. Return the completed form to Enrollment Services promptly.
5. Dropped courses will not appear on your transcript if the form is returned by the stated add/drop deadline.

Print Name	Date of Birth
Address	City
	State
	Zip code

ADD

Course No.	Course Title	Instructor's or Advisor's Signature	Date

DROP

Course No.	Course Title	Instructor's or Advisor's Signature	Date

If after Add/Drop date:

Advisor, state reason in detail: _____

Student's Signature

Date

Dean of Enrollment Services

Date

Processed By (Enrollment Staff)

Date