



Request to Add/Drop Collaborative Classes

Name: _____ Student ID: W _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Daytime Phone: _____

Term: _____

Action Requested: <input type="checkbox"/> ADD <input type="checkbox"/> DROP Reason: _____				
Term: <input type="checkbox"/> I - Fall <input type="checkbox"/> II - Fall <input type="checkbox"/> III - Spring <input type="checkbox"/> IV - Spring <input type="checkbox"/> V - Summer				
Class #	CR	Dept/Course	Title	Days/Times

Action Requested: <input type="checkbox"/> ADD <input type="checkbox"/> DROP Reason: _____				
Term: <input type="checkbox"/> I - Fall <input type="checkbox"/> II - Fall <input type="checkbox"/> III - Spring <input type="checkbox"/> IV - Spring <input type="checkbox"/> V - Summer				
Class #	CR	Dept/Course	Title	Days/Times

Student's Signature: _____ Date: _____

Submit to:
 Office of the Registrar
 Twamley Hall Room 201, Grand Forks, ND 58202-8382
 Fax: (701) 777-2696

For Office Use Only:	LRSC Initials / Signature	Date
Accepted By:		
Approved By:		
Processed By:		