SOMERSET COUNTY TECHNOLOGY INSTITUTE

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STUDENT SERVICES

DROP/ADD FORM

SOCIAL SECURITY NUMBER — —	CHECK APPROPRIATE SEMESTER: ☐ FALL ☐ SPRING ☐ SUMMER

MR. MRS. MISS MS. LAST NAME	FIRST	MIDDLE INITIAL

IF THIS IS A WITHDRAWAL FROM ALL COURSES IN WHICH YOU ARE REGISTERED THIS TERM, CHECK THIS BOX: ☐

PLEASE LIST THE COURSES YOU WISH TO DROP. GIVE ALL INFORMATION REQUESTED.

	COURSE NO.	SECTION	COURSE TITLE	CREDITS	DAY & TIME CLASS MEETS
DROP					
					TOTAL CREDITS DROPPED

PLEASE LIST THE COURSES YOU WISH TO ADD. GIVE ALL INFORMATION REQUESTED.

	COURSE NO.	SECTION	COURSE TITLE	CREDITS	DAY & TIME CLASS MEETS
ADD					
					TOTAL CREDITS ADDED

STUDENT SIGNATURE DATE SUPERVISOR/COORDINATOR DATE

IT IS THE STUDENT S RESPONSIBILITY TO INSURE THAT THIS FORM IS SUBMITTED AT THE APPROPRIATE SUPERVISOR S/COORDINATOR S OFFICE.

STUDENTS ARE REQUIRED TO KEEP THEIR COPY OF THIS FORM.

WHITE RECORDS YELLOW INSTRUCTOR PINK STUDENT DA-03