



COURSE ADD & DROP FORM

DIN: RUW-OR/REG-T-010

RN: 03

ED: 29/09/2024

Student's Name: _____ College: _____ AY: _____/_____/_____

Student's I.D. No.: _____ Degree: _____ Semester: 1ST 2ND SUMMER

Registration Date: _____ Curriculum (if EAS1/EAS2): _____

ADD				DROP				FEES
Course code	Section	Course title	Credits	Course code	Section	Course title	Credits	

Sponsor Name (if applicable): _____ Full Part Other (Specify) _____

Student:
 Name (print): _____
 Signature _____
 Date (dd/mm/yyyy) ___/___/20___

College Advisor:
 Name (print): _____
 Signature _____
 Date (dd/mm/yyyy) ___/___/20___

Finance Officer:
 Name (print): _____
 Signature _____
 Date (dd/mm/yyyy) ___/___/20___

Registrar:
 Name (print): _____
 Signature _____
 Date (dd/mm/yyyy) ___/___/20___

Exceptional Reason(if any): _____

Higher Approval (If Applicable): DEAN: _____ Date : _____ AVP : _____ Date : _____