



OFFICE OF THE REGISTRAR

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Add/Drop Form

This form is for those who wish to add or drop a class during the prescribed period in the first ten days of each semester. Please make sure you've received all required signatures before submitting the form.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY):

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ENROLLMENT INFORMATION:

Semester: Fall Spring Summer YEAR: _____

Credits Prior to Add/Drop: _____ Credits Remaining After Add/Drop: _____

ADD

Course No.	Section	Course Title	Professor Signature	Date

DROP

Course No.	Section	Course Title	Professor Signature	Date

 X
 STUDENT SIGNATURE _____ DATE _____

PROCESS	SIGNATURE/DATE
FACULTY ADVISOR: APPROVAL	
REGISTRAR: RECEIPT OF FORM	
REGISTRAR: STUDENT INFORMATION UPDATED	