College of the Atlantic
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YOU MAY FAX
TO: (207) 288-2947

ADD/DROP FORM

(Submit this form to the Registrar's Office with your Add/Drop changes)

_____ _____ _____
Print Last Name **Print First Name** **Term**

_____
First 5 Digits of Social Security Number

You must use this form if you wish

- **to add a course (signature of instructor required)**
- **drop a course**
- **change grade from letter grade to Pass/Fail (IMPORTANT! This must be done during the Add/Drop process!)**

Drop Courses:

Course No.	Course Title	Instructor

Add Courses (include Audit and 4th course):

Course No.	Course Title	Instructor	Instructor Signature (Required)	Pass/Fail?
				Y / N
				Y / N
				Y / N

Change Grade to Pass/fail option:

Course No.	Course Title	Instructor

_____ _____ _____ _____
Student's Signature **Date** **Advisor's Signature** **Date**

rev.8/18/2009