

DROP/ADD FORM

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PRINT NAME _____

LASTFIRSTMI

CHECK SEMESTERYEARDATE

INSTRUCTIONS:
PLEASE COMPLETE THIS FORM IN FULL
AND SUBMIT TO THE ADMISSIONS AND RECORDS
OFFICE, OR EMAIL IT TO
ADMISSIONS@RIOHONDO.EDU

FOR OFFICE USE ONLY

DATE OF BIRTH: ____/____/____

STUDENT ID #: ____-____-____

CRN #	COURSE TITLE AND NUMBER
	DROP

CRN #	COURSE TITLE AND NUMBER	ADD CODES
	ADD	

Student Signature_____

Date_____

PLEASE CHECK THE CURRENT CLASS SCHEDULE FOR CRITICAL DEADLINES TO DROP AND ADD