



Form Request for Course Addition /Drop

Term:.....College:.....Department:.....

Student Name:.....Student Number:.....

Reason for addition /drop:

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Less than minimum number of credit | <input type="checkbox"/> Expected to graduate | <input type="checkbox"/> Student under attention |
| <input type="checkbox"/> Re. Schedule classes hours | <input type="checkbox"/> No credit hours registered | <input type="checkbox"/> More than maximum number |
| <input type="checkbox"/> Waive from pre- requisite | <input type="checkbox"/> Other | |

Addition	
Course code/ number	Group Number

Drop	
Course code/ number	Group Number

Student Name: Student Signature: Date: .../.../.....
 Academic Adviser: Signature:
 Department Head: Signature:

- Remarks:**
1. Not allowed to drop courses below lower limit.
 2. Not allowed to add courses from more than 3 levels.
 3. It is not allowed to register from reaming levels if the student complete registration of level and the remaining is a complete level.