



SAGINAW CHIPPEWA TRIBAL COLLEGE
Add / Drop Form

Semester: _____
Year: _____

Note: Check Academic Calendar for Add / Drop period.

Student's Name: _____ Student No: _____

ADD

Course Number	Section	Course Name	Day / Time	Credits	Instructor's Name

DROP

Course Number	Section	Course Name	Day / Time	Credits	Instructor's Name

Student's Signature: _____ Date: _____

Office Use:

Copies: 1) Student 2) Student file 3) Registrar