

GROSSMONT COLLEGE – REGISTRATION/CHANGE OF PROGRAM

I.D.# _____ NAME _____

Last

First

Middle

SEMESTER: Fall Spring Summer Year _____

IT IS THE STUDENT'S RESPONSIBILITY TO OFFICIALLY WITHDRAW FROM A COURSE(S). THE STUDENT IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS FORM.

IMPORTANT—Authorization expires 5 business days from date signed by instructor.

				Instructor's Verification		
Circle Add/Drop	Section Number	Subject (eg. Chem 120)	Last Day Attended (Veterans Only)	First Day Attended	Instructor's Signature	Date Signed
ADD/DROP						
ADD/DROP						
ADD/DROP						
ADD/DROP						
ADD/DROP						

Student's Signature _____

Rec'd by _____	On _____
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OFFICE USE ONLY 08-0063-001