

TNTC

The National Teachers College

OFFICE OF THE REGISTRAR

DROP/ADD FORM

Date: _____ Social Security Number _____ Phone: _____

Name: _____ Email _____
Last First Middle

Current Address: _____
Street City State Zip

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

DROP	ADD	COURSE #	COURSE	CR HRS	INSTRUCTOR
<u>X</u>	_____	<u>EDE 123</u>	<u>C&M</u>	<u>3</u>	<u>Bravo, J</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I agree to pay all tuition charges and other fees associated with this action. I understand that I will be subject to the refund schedule, if dropping, and to the tuition schedule, if adding, as listed in the Graduate Bulletin.

Please submit this form to your Program Director and to the Registrar's Office. All forms will be processed within one week of approval date.