Mount St. Joseph University ADD/DROP FORM

Print Name: _____ **ID#:** _____
(Last) (First)
Student Signature: _____ **Date:** _____

Semester/Year: _____ **Advisor's Name:** _____ **Major:** _____

ADD THE FOLLOWING COURSES:
The student is responsible for submitting this form to the Registrar's Office in the Conlan Center or emailing the form to Registrar@msj.edu

Subject	Course #	Section	Course Title	Hrs	P/F or Audit?	Instructor Signature (OR Department Chair)	Advisor Signature

Subject	Course #	Section	Course Title	Hrs	Advisor Signature

Internal Use Only _____ _____ _____
_____ _____

***The add/drop request is not effective until submitted to the Registrar's Office**