



TOURO COLLEGE

ADD - DROP FORM

TOURO I.D. NUMBER

Name (Last) _____ (First) _____ (M.I.) _____ Soc. Sec. No. _____

Local Address (No. & Street) _____ City _____ State _____ Zip Code _____

CIRCLE ONE: Fall Spring Summer I Summer II 200__

GEP HS ISB LAS MJS SCAS SGS SLE TCC Other (Specify) _____

Phone _____

	LETTER	COURSE #	SECTION	TITLE	CREDIT	DAY	TIME	CENTER
A								
D								
R								
O								
P								

Student's Signature _____ Date _____

COMMENTS: (Office Use Only)	Advisor	Date	Date Received
			/ /
	Bursar (For Adds Only)	Date	Date Entered
			/ /

Warning: Adding or dropping coursework may result in a financial liability.