



MercyCollege

ADD/DROP/WITHDRAW FORM

STUDENT ID# _____

TERM: _____

NAME: _____
LAST FIRST

ADDRESS: _____
STREET CITY STATE ZIP

ADDRESS/PHONE # CHANGE: _____ YES _____ NO PHONE (____) _____

A/D/W/ WP/WF	COURSE # (Ex. BIO 101)	SECTION # (Ex. 01; W1)	CREDIT HRS	COURSE NAME	INSTRUCTOR'S SIGNATURE

TOTAL CREDIT HRS: _____

COMMENTS: _____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____