



UNIVERSITY  
OF  
SAINT MARY  
OF THE LAKE

OFFICE OF ACADEMIC AFFAIRS

LATE ADD/DROP COURSE FORM

|                |            |
|----------------|------------|
| First Name:    | Last Name: |
| Student ID #:  | Phone #:   |
| Department     | Program    |
| Email Address: |            |

|               |       |                               |                                 |                                 |                                 |
|---------------|-------|-------------------------------|---------------------------------|---------------------------------|---------------------------------|
| ACADEMIC YEAR | TERM: | <input type="checkbox"/> FALL | <input type="checkbox"/> J-TERM | <input type="checkbox"/> SPRING | <input type="checkbox"/> SUMMER |
|               |       |                               |                                 |                                 |                                 |

| ACTION                        | COURSE NUMBER | COURSE NAME | CREDIT HOURS | DEPARTMENT APPROVAL |
|-------------------------------|---------------|-------------|--------------|---------------------|
| <input type="checkbox"/> ADD  |               |             |              |                     |
| <input type="checkbox"/> DROP |               |             |              |                     |
| <input type="checkbox"/> ADD  |               |             |              |                     |
| <input type="checkbox"/> DROP |               |             |              |                     |
| <input type="checkbox"/> ADD  |               |             |              |                     |
| <input type="checkbox"/> DROP |               |             |              |                     |

|                      |       |
|----------------------|-------|
| Student's Signature: | Date: |
|----------------------|-------|

**FOR OFFICE USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_