



TRINITY
COLLEGE

Drop-Add Form

Name: _____ SS#: _____ Semester: _____
Last First M.I. (include year)

Drops

Course Name	Course Number	Credit Hrs.	Advisor Initial

Adds

Course Name	Course Number	Credit Hrs.	Advisor Initial

Total Semester Credits Remaining: _____ Student Signature: _____ Date: _____
(Including the changes listed above)

The transactions requested on this form will be effective on the date the completed form is given to the Registrar's Office including the student's signature and student advisor's initials. **Note:** If you are dropping all the courses for which you are registered, process a school withdrawal form instead.

Office Use Only

Financial Aid Director: _____ Date: _____

Business Manager: _____ Date: _____

"I certify that this student has made satisfactory financial arrangements."

Registrar: _____ Date: _____