



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 20\_\_

Phone

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

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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