



TOURO COLLEGE

ADD – DROP FORM

TOURO I.D. NUMBER

Name (Last) _____ (First) _____ (M.I.) _____

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

Soc. Sec. No. _____
 Zip Code _____
 Phone _____

CIRCLE ONE: Fall Spring Summer I Summer II 20____

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

| | LETTER | NUMBER | CRN | 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 ADD Only) | Date Entered / / |

Warning: Adding or Dropping coursework may result in financial liability.