

DENMARK TECHNICAL COLLEGE ADD/DROP FORM

TO BE FILLED OUT BY STUDENT:

Student's Name _____ ID#: _____
Last First Middle

Address _____ Telephone _____
Street or Box

_____ Major _____
City Zip Code

Student's Signature _____ Date _____

INSTRUCTOR'S SIGNATURE	COURSE			CREDIT		DATES
	PREFIX	COURSE NUMBER	SECTION	CREDIT HOURS	DROP/ADD	

Total Hours **Registered** For: _____ Total Hours After Drop/Add: _____

Advisor's Signature

Date

OVERLOAD APPROVAL:

Divisional Chairperson

Date

Vice President for Academic Affairs

Date