

Name \_\_\_\_\_

*This form must be filed in the Registrar's Office by the end of the ADD/DROP period to validate any schedule changes. **NOTE:** Schedule adjustments may impact your planned graduation date.*

Student ID No. \_\_\_\_\_

Program \_\_\_\_\_

YEAR: \_\_\_\_\_ [ ] FALL [ ] SPRING  
[ ] SUMMER [ ] OTHER \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Adviser/Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Matriculated students must have an authorized Adviser signature to adjust their schedule.**

**CONCORDIA COLLEGE, Bronxville NY 10708**

### +ADD

CRN	DEPARTMENT	COURSE NO	SEC	CREDIT	AUTHORIZATION*

Enter the CRN, Dept., Course No. and Section for each course you wish to ADD or DROP.

\* Instructors must sign this form for students to **ADD** a course after the first week of **ADD/DROP**. Consult the Academic Calendar for dates.

### -DROP

CRN	DEPARTMENT	COURSE NO	SEC

Date Entered
Operator

Name \_\_\_\_\_

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