



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 200__

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: <i>(Office Use Only)</i>	Advisor	Date	Date Received
	Bursar (For Adds Only)	Date	Date Entered