



SIMMONS COLLEGE
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144
ADD/DROP FORM

Date: _____

Undergrad: Class year _____

Term and Year: Fall____ Spring____ Summer I____ Summer II____

Graduate Student

Student Name: _____

Simmons ID #: _____

Courses to be Added

Department	Course #	Section/Div.	Credit Hours	Instructor's Consent*

Total credit hours added _____

Courses to be Dropped

Department	Course #	Section/Div.	Credit Hours	Instructor's Consent*

Total credit hours dropped _____

I am fully aware of the policies and procedures regarding these course changes.

Student's Signature: _____ **Date:** _____

Adviser's Signature*: _____ **Date:** _____

* If required

FOR OFFICE USE ONLY	Credit Hours Before Change	Credit Hours Added	Credit Hours Dropped	Credit Hours After Change	Processed by _____
					Date _____