



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

Date: _____

Undergraduate Student

Term and Year: Fall _____ Spring _____ Summer _____

Graduate Student

Student Name: _____

Simmons ID #: _____

Courses to be Added

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

Independent Learning/Internship to be Added

Department	Course #	Course Name	Credit Hours	Instructor Name (Printed)	Instructor Consent (Signature)

Courses to be Dropped

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

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 _____