



SIMMONS UNIVERSITY  
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

<b>FOR OFFICE USE ONLY</b>	Credit Hours Before Change	Credit Hours Added	Credit Hours Dropped	Credit Hours After Change	Processed by _____
					Date _____