COLUMBIA THEOLOGICAL SEMINARY

# Drop/Add Form

**Fall**____**Winter**____**Spring**____**Summer**____

Print

_____
**Today's Date**

_____ _____
**ID #** **NAME** **DEGREE PROGRAM**

**I wish to DROP the following courses(s):**

_____ _____
**Course#** **Title** **Credits**

_____ _____
**Course#** **Title** **Credits**

_____ _____
**Course#** **Title** **Credits**

**I wish to ADD the following course(s):**

_____ _____
**Course#** **Title** **Credits**

_____ _____
**Course#** **Title** **Credits**

_____ _____
**Course#** **Title** **Credits**

***Change in registration status will affect your CTS Financial Assistance***

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**Business office use only**

**This student has dropped**_____**courses** **This student has added**_____**courses**

**Leaving a total of** _____**credits.**

**Beginning date of course dropped:**_____

**Added/dropped date:**_____

**Special Instructions:**

Copies: Business Office, Financial Aid, Professor, Registrar, Student, Adviser