UNIVERSITY OF MASSACHUSETTS DARTMOUTH

COLLEGE OF ENGINEERING

ADVISOR-APPROVED DROP/ADD Semester/year_____

Student_____

(Last name) (First Name) (M.I.) (I.D. Number)

DROP COURSES		
Course No.	Section No.	Instructor's Signature

ADD COURSES		
Course No.	Section No.	Instructor's Signature

Total Semester Credits_____ Advisor's Name (Print)_____

Year of Graduation_____ Advisor's Signature_____

Major_____ Date_____

Mark of Certification_____