

University of Massachusetts School of Law – Dartmouth

Add/ Drop Form

First Name: _____ Last Name: _____ Student ID: _____

Telephone: _____ E-Mail: _____@umassd.edu

Anticipated Date of Graduation: _____

Full Time _____ Part Time Day _____ Part Time Weekend _____

Student Signature _____ Date _____ Semester _____

Course Name	Course #	Add	Drop

LEC Office Use Only:

Date Changed Record _____ Initial _____

Comments: _____