

# ADD and DROP Form

College Academic Year Semester/Term Fall

## INSTRUCTIONS:

A student who has academic block will fill all the fields on the first page of this form in consultation with his/her academic advisor and will submit to the Dean's office. The Dean's office will fix a stamp with date. The academic advisor will fill the second page of the form. **This form MUST be printed back-to-back.**

Student ID:		Full Name:		CGPA:	
Program Title:			Mobile Number:		
Academic Advisor Name:					

## COURSE(S) TO BE ADDED

Course Code <sup>1</sup>	Course Title	Pre/Co requisite(s)	Section	Credits
<b>Total Credits:</b>				

## COURSE(S) TO BE DROPPED

Course Code	Course Title	Pre/Co requisite(s)	Section	Credits
<b>Total Credits:</b>				

Item Description	Yes	No	N/A
1. Is request consistent with preapproved recovery plan (relevant to students on probation only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do requested courses satisfy the prerequisite / co-requisite requirements? (Attach the exception granted if courses do not satisfy the prerequisite / co-requisite requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does request adhere to minimum and maximum load limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does request introduce schedule conflict? (The registration form will not be processed if there is a clash in the timings of the courses requested.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature:

Date of Submission:

For use of Dean's Office:  
A copy of the following is attached:

Received by:

- Approved Probation Recovery Plan for students who are on probation; or
- Approved Graduation Plan who have passed 85 (120 for BARCH) or more credits; or
- Approved Study Plan.

Dean's office Time Stamp  
(make a copy and give to the student)

## IMPORTANT NOTE

This page of the add and drop form is for internal use only. It **MUST NOT** be shared with the students.

<sup>1</sup> Any **INTERNSHIP** registration requires the signature of the Head of CAPPS. The students **MUST** register in **Internship on or before the registration deadline.**

# ADD and DROP Form

Student ID:		Full Name:		CGPA:	
Program Title:			Mobile Number:		
Item Description	Yes	No	N/A		
1. Is request consistent with preapproved recovery plan (relevant to students on probation only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Do requested courses satisfy the prerequisite / co-requisite requirements? <i>(Attach the exception granted if courses do not satisfy the prerequisite / co-requisite requirements.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does request adhere to minimum and maximum load limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does request introduce schedule conflict? <i>(The registration form will not be processed if there is a clash in the timings of the courses requested.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic Advisor's Comments:					
Advisor Name: _____ Signature: _____ Date: _____					
Head of CAPPS Comments (For Internship only):					
Name: _____ Signature: _____ Date: _____					
College Dean Comments:					
Name: _____ Signature: _____ Date: _____					
For use of Registration Office:					
The approved plan ticked at serial "a – c" on first page of this registration form is received.					
Name: _____ Signature: _____ Date: _____					

**FOR INTERNAL USE ONLY**