

Assistant Dean/Faculty/School Approval: _

Registrar's Office

Room 130, 6299 South Street Henry Hicks Academic Administration Bldg PO Box 15000 Halifax, NS B3H 4R2

Academic	Year
/	_

Class Add/Drop Form

			_									
Name:			Student #:	В								
Degree/Program:						•			•	•		•
		Please read before	making class ch	nanges.								
Class addition Student Loan	ns/deletions may affect	ne for adding classes on your fees. Please proceed redit hours per term (und classes.	ed to Student Acc	ounts afte	r the	chan				nt Lo	ans.	You
		ADD the fol	lowing classes	:								
Term F = Fall W = Winter S = Summer	CRN 5-digit Course Reference Number	Subject	Class Number	Section		Professor's Approval and Date						
F	11674	ENGL	1010	01								
Note: AUDIT c	lasses can be added begi	nning the first day of clas	s for the term and	ending or	the l	last d	ay of	the cl	ass ch	ange	perio	d.
		DROP the fo	llowing classes	g•								
Term F = Fall W = Winter S = Summer	CRN 5-digit Course Reference Number	Subject	Class Number	Section	n	(0			al an Studi			
Student's signature	e:		D	ate:								

Date: ___