HAVERFORD
Office of the Registrar

DROP/ADD FORM

NAME _____ ID _____ CLASS YEAR _____

Semester: _____ 20____

DROP / ADD

COLLEGE IE. BM OR HC	DEPT IE. ANTH OR ICPR	NO IE. 403A	SEC IE 01	PROFESSOR IE. TRITTON		COLLEGE IE. BM OR HC	DEPT IE. ANTH OR ICPR	NO IE. 403A	SEC IE 01	PROFESSOR IE. TRITTON

TO THE ADVISOR: PLEASE CHECK ALL THAT APPLY

☐ Student will be on Schedule

☐ Less than 4 credits (Advisor must check to indicate approval)

_____
Advisor Date

TO THE DEAN: PLEASE CHECK ONE

☐ Cancellation of Course – (First Three Weeks of the Semester ONLY)

☐ Withdrawal – (Grade of W)

☐ Will not be on Schedule (Dean's approval required)

_____
Dean Date

Office Use:
Drop: ☐ Add: ☐

_____
Date