



CMI

College of the Marshall Islands

Accredited by the Western Association of Schools and Colleges

P.O. Box 1258
Uluga Campus
Majuro, Marshall Islands, MH 96960

Tel: (692) 625-3394/3291/4931
Fax: (692) 625-7203
Email: mgordon@cmi.edu

Office Use Only

Received Date & Initial:

STUDENT SERVICES FORMS –BOR 300 SERIES

ADD/DROP FORM

SEMESTER: ☐ FALL _____ ☐ SPRING _____ ☐ SUMMER _____
Year Year Year

STUDENT ID
NUMBER

FIRST NAME

MIDDLE
INITIAL

LASTNAME

has requested to drop/or add the following course(s). The change(s) shall become effective when all required signatures are obtained and this form is returned to the Registrar's Office.

Please put a check mark (✓) under DROP or ADD when dropping or adding a course.

ADD DROP	CLASS ID & SECTION	CREDIT	TIME & DAYS	INSTRUCTOR'S SIGNATURE
Please see the example below: ✓ ✓	(ICS 101-1)	(3)	HOURS 8:00 AM – 9:00 PM, M/W/F	(Only needed when a class is full "ok to overload." and/or when dropping from a course)
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

COMMENT:

STUDENT'S SIGNATURE _____ Date _____

The student has permission to carry an overload. ☐ Yes ☐ No

If yes, it should be approved by the Dean of Academic Affairs, Financial Aid & Business Office

Previous Credits: _____

Additional Credits: _____

Total Credits: _____

Dean of Academic Affairs _____
Date _____

Financial Aid Office: _____
Date _____

Business Office: _____ Date: _____

Advisor's Signature: _____ Date: _____

Recorded in SIS by: _____
Date _____

Admissions & Records: _____
Date _____

Distribution: Registrar, Business Office, Financial Aid Office, Student