



#CMI

College of the Marshall Islands
Accredited by the Western Association of Schools and Colleges

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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

LAST NAME

FIRST NAME

MIDDLE
INITIAL

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
HOURS**

TIME & DAYS

INSTRUCTOR'S SIGNATURE

Please see example below:
✓ ✓ (ICS 101-1)

(3)

8:00AM – 9:00PM, M/W/F

*(Only needed when a class is full "ok to overload"
and/or when dropping from a course)*

☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

COMMENT:

STUDENT'S SIGNATURE _____

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

If yes, should be approved by Dean of Academic Affairs

Dean of Academic Affairs _____

#

Advisor's Signature: _____

Recorded in SIS by: _____

Admissions & Records: _____

DATE: _____

Previous Credits: _____

Additional Credits: _____

Total Credits: _____

Date: _____

Date: _____

Date: _____

Distribution: Original: Registrar, Yellow Copy: Business Office, Pink Copy: Financial Aid Office, Gold Copy: Student

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