Print Last Name	Print First Name	Term	YOU MAY FAX THIS FORM TO <b>207-288-2947</b>
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## College of the Atlantic ADD/DROP FORM

	3	istrar 3 Office before 4.00	pm at close of A	dd/Drop period.		
<ul><li>drop a cours</li></ul>	se		done during the Ad	d/Drop process!)		
Course No.	Course Title		Instructor			
Course No.	Course Title		Instructor	Instructor Sign	nature (Required)	Pass/Fail?
nge Grade	to Pass/Fail Course Title			Instructor		
udent Signatur	e	Date	Advisor Signatur	re		Date
	change grade Course No.  Course No.	course No.  Course No.  Course No.  Course Title  Course No.  Course Title  Course No.  Course Title	to add a course (signature of instructor required) drop a course change grade from letter grade to Pass/Fail (IMPORTANT! This must be  Course No. Course Title  Course No. Course Title  age Grade to Pass/Fail Course No. Course Title	to add a course (signature of instructor required) drop a course change grade from letter grade to Pass/Fail (IMPORTANT! This must be done during the Ad  Course No. Course Title  Course No. Course Title Instructor  Instructor  Course No. Course Title  Course No. Course Title	to add a course (signature of instructor required) drop a course change grade from letter grade to Pass/Fail (IMPORTANT! This must be done during the Add/Drop process!)  Course No. Course Title Instructor  Course No. Course Title Instructor Instructor Signaper Grade to Pass/Fail  Course No. Course Title Instructor Instructor Signaper Grade to Pass/Fail  Course No. Course Title Instructor	to add a course (signature of instructor required) drop a course change grade from letter grade to Pass/Fail (IMPORTANT! This must be done during the Add/Drop process!)  Course No. Course Title  Course No. Course Title  Instructor  Instructor Signature (Required)  Instructor Signature (Required)  Instructor Signature (Required)  Instructor Signature (Required)  Instructor Signature (Required)