

Asst. Dean Signature (where relevant): _

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: _				D			<u> </u>				<u> </u>
Class additionStudent Loan	s/deletions may affect	Please read before me for adding classes onling your fees. Please proceed the distance of the proceeding the pr	ne may result in I to Student Acco	exam con	the cl				ıt Loa	ns. N	You
		ADD the follo	wing 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 cl	asses can be added begi	nning the first day of class	for the term and	ending on	the las	st day of	the cla	ass cha	ange j	period	d.
		DROP the foll	owing classes	S:							
Term F = Fall W = Winter S = Summer	CRN 5-digit Course Reference Number	Subject	Class Number	**							
Student's signature	:		Da	nte:							