



**Office of Academic Records and Registration
DROP/ADD FORM**

Name _____
ID # _____ Date _____
Term _____ Year _____

It is the student’s responsibility to submit this completed form to the Office of Academic Records and Registration for processing within the designated Drop/Add Period.

COURSE(S) TO BE ADDED

COURSE NUMBER & SECTION _____
COURSE NUMBER & SECTION _____
COURSE NUMBER & SECTION _____

COURSE(S) TO BE DROPPED

COURSE NUMBER & SECTION _____
COURSE NUMBER & SECTION _____
COURSE NUMBER & SECTION _____

Student’s Signature _____
Can be typed and emailed from your Wheelock account

Please submit completed form to:

Academic Records and Registration
ACW 1st floor

Fax: 617-879-2276

Scan/email: registrar@wheelock.edu