Term Year: _____ FA JA SP SU

Saint Mary's College Office of the Registrar

Last Name			First Name	Student I/D #	Phone #
ADD - l	Instru	ctor aı	nd Advisor's sig	nature needed	l .
DEPT.	#	SECT.	COURSE TITLE	INSTRUC	CTOR'S SIGNATURI
ie: COMM	003	01	Communication Inquiry		
			1		
			signature neede	d for .50 and 1	1.00 credits.
DEPT.	# 001	SECT.	course title Introduction to Comparative		1.00 credits.
DEPT.	#	SECT.	COURSE TITLE		1.00 credits.
DEPT.	#	SECT.	COURSE TITLE		1.00 credits.
DROP DEPT. ie:POL	#	SECT.	COURSE TITLE		1.00 credits.

Please Note: You are academically and financially responsible for courses in which you are enrolled as of the close of the Drop/Add period. Please check your class schedule.