Name _________________________________

This form must be filed in the Registrar’s Office by the end of the ADD/DROP period to validate any schedule changes. **NOTE:** Schedule adjustments may impact your planned graduation date.

Student ID No. _________________________________

Program _______________________________

YEAR: ________  [ ] FALL  [ ] SPRING  [ ] SUMMER  [ ] OTHER _____________

Student Signature  Date

Adviser/Consultant Signature  Date

Matriculated students must have an authorized Adviser signature to adjust their schedule.

CONCORDIA COLLEGE, Bronxville NY  10708

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**+ADD**

<table>
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<tr>
<th>CRN</th>
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<th>SEC</th>
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Enter the CRN, Dept., Course No. and Section for each course you wish to ADD or DROP.

* Instructors must sign this form for students to **ADD** a course after the first week of **ADD/DROP**. Consult the Academic Calendar for dates.

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**-DROP**

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Operator

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