

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

+ADD

CRN	DEPARTMENT	COURSE NO	SEC	CREDIT	AUTHORIZATION*

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.

-DROP

CRN	DEPARTMENT	COURSE NO	SEC

Date Entered
Operator

Name _____

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