

**COLLEGE OF AGRICULTURE, SCIENCE, & EDUCATION
P.O. BOX 170, PORT ANTONIO, PORTLAND
REGISTRY DEPARTMENT**

FACULTY OF _____

ADD/DROP FORM

Student's Name _____ Date of Entry to CASE _____ ID# _____

Programme of Study _____ Semester _____

INSTRUCTIONS

1. Place a tick at your choice(s) and the effective date in the space provided.
2. ADD/DROP must be done within the first three (3) weeks of formal classes.
3. You may change from credit to audit and vice versa during the ADD/DROP period.
4. Any dropping after the prescribed drop period will be converted to a "W" (withdrawal).

COURSE TITLE	COURSE CODE	ADD	DROP	DATE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

DECLARATION: I have read the rules governing the ADD/DROP for elective/course(s) and do understand them.

Student's Signature _____

DATE _____

Approved By _____

DATE _____

DEAN

DATE _____

DIRECTOR OF FINANCE