

## NURSING COURSE DROP | ADD FORM Office of the Registrar

Student Name:					SONIS ID:			
	Nursing Course	Credits	Grade		Nursing Course	Credits	Grade	
A				D				
D				R				
D				0				
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1 (0)					D			
udent Signature:					Date:			
Academic Advisor Signature:					Date:			
J								
Financial Affairs Officer Signature:					Date:			
Registrar Signature:					Date:			