

# UNITED TRIBES TECHNICAL COLLEGE

## ADD/DROP FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Vocation \_\_\_\_\_

**ADD**

Call No.	Dept No.	Course Title	Cr	Instructor's Signature	Date	Advisor's Signature

**DROP**

Call No.	Dept No.	Course Title	Cr	Instructor's Signature	Date	Advisor's Signature

Registrar's Initial/Date

- \*Circle "W" prior to LAST DAY TO DROP A CLASS.
- \*Circle "WP" or "WF" one week after LAST DAY TO DROP A CLASS.

*For complete withdrawal from College please contact your counselor.*