

UNITED TRIBES TECHNICAL COLLEGE

ADD/DROP FORM

Name _____

ID # _____

Vocation _____

Date: _____

ADD

Course Code	Course Title	Cr	Instructor's Signature	Date	Advisor's Signature

DROP

Course Code	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 for the Withdrawal form!