



THE INSTITUTE of MANAGEMENT SCIENCES

COURSE ADD / DROP FORM

SEMESTER: _____

Instructions:-

1. Last Date for Add/Drop is _____
2. Please fill-in the form in capital letters with complete course Title.
3. Incomplete form will not be entertained.
4. Return the form to Office.
5. See the Notice Board to know about the action on your request.

Date: _____

Name: _____ ID# _____ Prog: _____

Course(s) add
(Title)

Section Reason

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course(s) drop
(Title)

Section Reason

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No of courses enrolled before Adding/Dropping ☐

No of courses after Adding/Dropping ☐ for current semester

Student Signature

Office Use Only

Receiving Date & Time: _____

Received By: _____

Remarks: _____

Approval