Office of the Registrar

Course Addition or Drop

جامعة الملك عبدالله للعلوم والتقنية
King Abdullah University of Science and Technology

Student Name _____
First Middle Last

Student ID Number ☐☐☐☐☐☐☐ Program _____ Degree _____ Date _____(mm/dd/year)

ADDITIONS ONLY (Use this part to receive an instructors permission to be added to a closed or restricted class)

Course Number	Credits	Instructors Name	Instructors Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Semester: Fall ☐ Spring ☐ Summer ☐ Year _____

DROPS ONLY. No individual course drops are permitted after the drop period*

Course Number	Credits
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Students who are dropping ALL of their courses must complete a Withdrawal form

Approval – Students must be registered in a minimum of 12 credits per semester (or 6 credits in Summer)

Academic Advisor: _____ Signature:_____ Date:_____(mm/dd/year)

Registrar's Office Only

Processed by:_____ Signature:_____ Date: _____

Student Advised: **YES** ☐ Confirmed by:_____ Date: _____

GPC Advised: **YES** ☐ Confirmed by:_____ Date: _____

*** See Academic Calendar for Add, Drop & Withdrawal deadlines**

Revised March 12, 2015