



## DROP/ADD FORM

Office of the Registrar/Admissions  
 PO Box 749 Barrow, AK 99723  
 907-852-1754 or 1757 fax: 907-852-1784  
 registration@ilisagvik.edu

STUDENT NAME: \_\_\_\_\_  
First Middle Last

SSN: \_\_\_\_\_ or STUDENT ID #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip

**SEMESTER:**  Fall  Spring  Summer YEAR \_\_\_\_\_

**DROP A COURSE:**

- To drop a semester-long course, submit this form to the Registrar's Office before the last day of student-initiated drops.
- To drop a short-term course, submit this form to the Registrar's Office before the course is 15% complete.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Instructor

**ADD A COURSE:**

- To add a semester-long course, submit this form to the Registrar's Office before the last day to add a course.
- To add a short-term course, submit this form to the Registrar's Office before the first Friday after the first day of instruction for the class.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Instructor

BILL TO (if other than you):  Financial Aid  Employer  Grant  Other

Contact: \_\_\_\_\_ Address or Phone: \_\_\_\_\_

STUDENT SIGNATURE (REQ'D): \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR SIGNATURE(REQ'D): \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS OFFICE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_