



Rust College
Office of the Registrar

DROP/ADD CARD

Last Name

First Name

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ID Number

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Term

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Year

2	0	2
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By signing below, I acknowledge that I assume academic and financial responsibility for these adjustments to my registration.

Student's Signature: _____

Date _____

Course Prefix	Course Number			Course Section	Module	Hours	Instructor	Instructor Initials
	A	B	C	1	2	3	1	
D								
R								
O								
P								
A								
D								
D								

Faculty Advisor Signature

Financial Aid Director
(only sign if dropping a course)

Registrar's Signature

**Advisors please make copy for your records.

Rev. 07/18/ecc