

Add/Drop Form

Student Information Center
Email: Registrar@middlesex.mass.edu



Term _____

Note: Schedule changes will be made on a space available basis.

Student ID# _____ Program _____

Last Name _____ First Name _____

Please ADD the following courses to my class schedule:

Course #	Section	Course Title	Office Use: Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please DROP the following courses from my class schedule:

Course #	Section	Course Title	Office Use: Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature _____ Date _____