

20 Church Street
New Haven, CT 06510
Phone: 203.285.2020
Fax: 203.285.2018
GatewayCT.edu/registrar

ADD/DROP REQUEST

SEMESTER: FALL _____ WINTER _____ SPRING _____ SUMMER _____

STUDENT I.D.@ _____ D.O.B. ____/____/____ Date ____/____/____

NAME _____
(LAST) FIRST (M.I.)

DROP:

| CRN | COURSE NUMBER | COURSE TITLE | CREDITS | FOR OFFICE USE ONLY |
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ADD:

| CRN | COURSE NUMBER | COURSE TITLE | CREDITS | FOR OFFICE USE ONLY |
|-----|---------------|--------------|---------|---------------------|
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ADVISOR'S SIGNATURE DATE

STUDENT'S SIGNATURE DATE