

GEORGE MASON UNIVERSITY SCHOOL OF LAW

Add/Drop Form

Name: _____ SID# _____

Phone #: (H) _____ (W) _____

Semester: ___ Fall ___ Spring ___ Summer Status: ___ F/T ___ P/T

Class: ___ 1st Yr ___ 2nd Yr ___ 3rd Yr ___ 4th Yr

Student Signature: _____ Date: _____

LIST ONLY THE COURSES YOU ARE ADDING/DROPPING. CHECK CAREFULLY FOR EXAM CONFLICTS.

<u>ADD COURSE(S)</u>			<u>DROP COURSE(S)</u>		
<u>SECT #</u>	<u>COURSE NAME</u>	<u>CR HRS</u>	<u>SECT #</u>	<u>COURSE NAME</u>	<u>CR HRS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL # OF CREDIT HOURS CARRIED AFTER CHANGES: _____

Instructor Signature (for late add or override of class limit) _____ Date _____

Academic Affairs Approval _____ Date _____

Schedule Adjustment Processed: