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.

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<tr>
<th>Sect #</th>
<th>Add Course(s)</th>
<th>CR HRS</th>
<th>Sect #</th>
<th>Drop Course(s)</th>
<th>CR HRS</th>
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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: