

Graduate Drop/Add Form

BOSTON COLLEGE
Office of Student Services

Instructions: Use this form ONLY when dropping one course and adding another for an EQUAL number of credits.

Today's Date _____

Academic Year _____ to _____

Eagle ID Number

Semester:

First

Second

Summer

Name _____
Last First

School:

Carroll Graduate School of Management (11)

Connell Graduate School of Nursing (14)

Graduate School of Arts & Sciences (02)

Graduate School of Social Work (06)

Lynch Graduate School of Education (10)

DROP

| Index # | Course # | Credits* |
|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

ADD

| Index # | Course # | Credits* |
|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

* Must be the **same** number.

Department Approval: _____
(If required by your department)

Date: _____

Dean Approval: _____
(Required after registration deadline)

Date: _____