



Students: By completing this form, you certify that you are responsible for your schedule and you will verify the changes in plus.hope.edu.

Instructors: Giving a student permission to add means the Registrar's Office will register the student, regardless of class limits, prerequisite status, and/or any other course restrictions.

For drop/add and withdrawal deadlines, visit hope.edu/registrar and click on Academic Calendar.

TERM Fall Spring
 May June July

Student Name _____ Hope ID _____

COURSES TO ADD

CRN	SUBJECT	COURSE NUM	SECT	CR HRS	INSTRUCTOR SIGNATURE/NAME	(OFFICE USE) EMAIL VERIFIED

COURSES TO DROP

CRN	SUBJECT	CRSE NUM	SECT	CR HRS	INSTRUCTOR SIGNATURE/NAME	(OFFICE USE) EMAIL VERIFIED

REGISTRAR'S OFFICE

Advisor Signature _____ Date _____

Initials _____ Date _____



Students: By completing this form, you certify that you are responsible for your schedule and you will verify the changes in plus.hope.edu.

Instructors: Giving a student permission to add means the Registrar's Office will register the student, regardless of class limits, prerequisite status, and/or any other course restrictions.

For drop/add and withdrawal deadlines, visit hope.edu/registrar and click on Academic Calendar.

TERM Fall Spring
 May June July

Student Name _____ Hope ID _____

COURSES TO ADD

CRN	SUBJECT	COURSE NUM	SECT	CR HRS	INSTRUCTOR SIGNATURE/NAME	(OFFICE USE) EMAIL VERIFIED

COURSES TO DROP

CRN	SUBJECT	CRSE NUM	SECT	CR HRS	INSTRUCTOR SIGNATURE/NAME	(OFFICE USE) EMAIL VERIFIED

REGISTRAR'S OFFICE

Advisor Signature _____ Date _____

Initials _____ Date _____