

UNIVERSITY OF NEBRASKA MEDICAL CENTER

DROP - ADD FORM

TERM _____

NAME _____ DATE _____

PROGRAM/CLASS _____ I.D. # _____

TOTAL HOURS CARRIED AFTER THIS DROP & ADD _____ RECEIPT # _____

**D
R
O
P**

Dept.	Course Number	Course Title	Hours	Instructor's OK

**A
D
D**

APPROVED BY _____

Advisor and/or Dean

WHITE - Academic Records

YELLOW - College Dean

PINK - Student

BLUE - Cashier