



SIMMONS UNIVERSITY
Office of the Registrar
 300 The Fenway, Boston, MA 02115
 Tel 617.521.2111 Fax 617.521.3144
ADD/DROP FORM

Student Name: _____ Simmons ID#: _____

Term and Year: Fall ____ Spring ____ Summer ____ Undergraduate Student

International Student: Yes No Graduate Student

Courses to be Added

Department	Course #	Section	Credit Hours	Instructor's Signature

Courses to be Dropped

Department	Course #	Section	Credit Hours	Instructor's Signature

An undergraduate student may add courses until the end of the fourth week of classes with the instructor's and their advisor's permission.

I am fully aware of the policies and procedures regarding these course registrations.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received On:

Processed By: _____ Date: _____