

NUC UNIVERSITY Add / Drop Form

Paternal Last Name		Matern	Maternal Last Name		First Name		
1 attiliai Lasi	t Maine	Materi	lai Lasi Maili	C	riistivame		
Student Num	her:						
Student I tuli				Term and acade	mic year:		
				Term and acade	inic year.		
Program/Major: _.			ODiplom	na OAssociate (Bachelor's OMaster's		
	nts must visit the necessary ademic calendar to make th			atures. This form must	be submitted at the Registrar's O	ffice no later than the da	
				ADD			
Control	Course	Credits	Days	Time	Professor	Classroom	
	Total Credits						
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Control	Course	Credits	Days	Time	Professor	Classroom	
	Total Credits						
OAdministra	tive ^I OPersonal	Od		UCTIONS e of transaction) d Transfe	er Course Repeating	g the Course	
I certify Student Signature				Department Director's approval (only applies to Campuses)			
Aca	demic Affairs Dean o Appro		Director's		c Affairs or VP of Academic nical Division's Approval	e Affairs	
	Bursar's Approval				Registrar Officer's Signature		

Date

¹ Changes that alters the student's academic load, after the period established in the academic calendar, must be submitted for evaluation and approval to the Vice Presidency of Academic Affairs or the Vice Presidency of Academic Affairs Technical Division.