

Leech Lake Tribal College **Add/Drop Form**

Revised by: S.Lundberg

7/09/2019

| Student Name: | | Student ID: Date:// | | | | |
|---------------------------------|----------------------------|--|------------------------------|----------------------|-------------|--|
| Phone Number: | Semes | Semester/Year: ☐ FA ☐ SP ☐ SU | | | | |
| DROP Dept ID | Course Title | Cr | Instructor | Days | Times | |
| ADD Dept ID | Course Title | Cr | Instructor | Days | Times | |
| Student Signature: | | | Date |) : | | |
| Advisor Signature: | re: Date: | | | | | |
| Student Name: | Add/Dr | Leech Lake Tribal College Add/Drop Form Student ID: | | 7/09/2019 Date:// | | |
| | | 0.0.0.0 | nt ID: | Date | // | |
| Phone Number: | Semes | | | | | |
| | Course Title | ter/Year: | □ FA □ | SP [| □ su | |
| Dent ID | | ter/Year: | □ FA □ | SP [| □ su | |
| Dept ID Dept ID Dept ID | Course Title | Cr Cr | Instructor | SP [| Times Times | |
| ADD Dept ID Student Signature: | Course Title Course Title | Cr Cr | Instructor Instructor Date | Days Days | Times Times | |