



# Registration ADD / DROP Form

Office of Admissions and Records  
Submit to <https://mc.arforms@missioncollege.edu>  
Or Fax: 408.855.5546

Office Use Only:
Staff Initial: _____
Date: _____

College ID#: \_\_\_\_\_

Last Name (Print): \_\_\_\_\_

First Name (Print): \_\_\_\_\_

Indicate Year & Semester: Year \_\_\_\_\_ Winter  Spring  Summer  Fall

ADD / DROP	5-Digit CRN	Course Name & No	First Date of Attendance	Add Code	Last Date of Attendance	Instructor Name
ADD <input type="checkbox"/> DROP <input type="checkbox"/>						
ADD <input type="checkbox"/> DROP <input type="checkbox"/>						
ADD <input type="checkbox"/> DROP <input type="checkbox"/>						
ADD <input type="checkbox"/> DROP <input type="checkbox"/>						

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature (required if student is taking more than 18 units per semester): \_\_\_\_\_

It is the student's responsibility to officially withdraw from a course/s. Prerequisites and corequisites are required for selected classes.

*A & R - September 2021*



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