

# KEWEENAW BAY OJIBWA COMMUNITY COLLEGE DROP/ADD FORM

Fall Semester

Spring Semester

Summer Semester

20\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Course Addition(s)

Course #	Course Name	Credits

## Course Drops(s)

Course #	Course Name	Credits

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

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keweenaw Bay Ojibwa Community College

