COMSATS University Islamabad

ACAD 4

Wah Campus
****

COURSE ADD/DROP FORM

Name: _____   *Reg No:* _____

Course Add

Course No	Course Title	Credits	Teacher's Name	Signature of Teacher

Course Drop

Course No	Course Title	Credits	Teacher's Name	Signature of Teacher

Give the reason(s) below:

_____

_____

Signature of Student: _____ Date: _____

OFFICIAL USE ONLY

Signature of Class Counselor: _____   **Signature of DCO:** _____

Recommended / Not Recommended By HoD: _____ Date: _____

Action Taken: _____ Date: _____
(Assistant Registrar)