



FALL

SPRING

SUMMER

YEAR _____

INSTRUCTIONS

1. Observe all deadlines (see academic calendar and important deadlines at castleton.edu/calendars)
2. Email completed form to registrar@castleton.edu
4. Keep a copy for your records

First name _____ Last name _____

Castleton ID# _____ Advisor's name _____

ADD

Synonym _____ Subject _____ Section _____ Instructor's signature _____

Synonym _____ Subject _____ Section _____ Instructor's signature _____

DROP

Synonym _____ Subject _____ Section _____ Instructor's signature _____

Synonym _____ Subject _____ Section _____ Instructor's signature _____

Advisor's signature _____ Date _____

Student's signature _____ Date _____

REGISTRAR'S OFFICE USE

Processed by _____ Date _____