Castleton University

ADD/DROP FORM

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

Subject _____ Section _____ Instructor's Signature _____

Subject _____ Section _____ Instructor's Signature _____

DROP

Subject _____ Section _____

Subject _____ Section _____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

REGISTRAR'S OFFICE USE

Processed by _____ Date _____