



# INTERNATIONAL COLLEGE CAYMAN ISLANDS

Date \_\_\_\_\_ Quarter: \_\_\_\_\_

## Add/Drop Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program Degree: \_\_\_\_\_ Major \_\_\_\_\_ Concentration: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Student Type:  New  Re-Admit  Continuing ~ **AND** ~  Undergraduate  Graduate

<b>A D D</b>	COURSE CODE	SECTION	CR HRS	Days/Time	Instructor's Signature	***SIGNATURE OF ADVISOR & DATE***

<b>D R O P</b>	COURSE	SECTION	CR HRS	Days/Time	Instructor's Signature	***SIGNATURE OF ADVISOR & DATE***

**Please State Specific Reason:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature & Date

\_\_\_\_\_  
Business Manager's Signature & Date

\_\_\_\_\_  
Registrar's Signature & Date