



ACT American College of Technology
Registrar Office
Course Add and Drop Form

Name _____ I.D. No. _____ Sex _____ (Fill in triplicate)

Department _____

Semester I II (circle one) Academic Year. _____

Enrollment: Regular Fulltime Regular Part-time Extension In service

Program: Undergraduate Degree Postgraduate Degree Distance Education

Class Year: I II III IV V VI VII (circle one)

COURSE (S) ADDED

No.	Course Title	Course Code	Cr. Hrs.	Instructor
	Total			

COURSE (S) DROPPED

No.	Course Title	Course Code	Cr. Hrs.	Instructor
	Total			

 Student's Sign

 Date

 Advisor's Signature

 Registrar

 Date: