GİRNE AMERICAN UNIVERSITY

ADD / DROP FORM   *03*

Student Name & Surname: _____	Student No: _____
Department: _____	Academic Semester: 20___/ 20___ _____

ADD COURSE	DROP COURSE	SECTION	LECTURER		SIGNATURE

Reason For Add/Drop: _____	Signature / Approval	Date
Lecturer's Name: _____	_____	___ /___/20_____
Advisor's Name: _____	_____	___ /___/20_____
Registrar's Name: _____	_____	___ /___/20_____

*ATTENTION: All Fields of This form must be filled out completely and clearly. **Keep confidential.**

ZerinGÜRLER
Director of Admission and Registration

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