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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