

**MONTANA BIBLE COLLEGE
DROP/ADD FORM**

Student Name: _____ Date: _____

Semester: _____ Fall _____ Spring Year: _____

DROP

Class: _____

Instructor's Signature: _____

ADD

Class: _____

Instructor's Signature: _____

Reason for requesting change _____

If this drop/add is being completed with the intention of replacing credits or taking a class in lieu of another one, please note – in addition to an instructor's signature, you must meet with the Registrar to clear the class change.

Registrar's Signature

.....
Date Completed: _____ Refund % _____

Registrar's Initials: _____ Business Office Initials: _____