

EASTERN CONNECTICUT STATE UNIVERSITY
GRADUATE DIVISION

ADD/DROP FORM

Date _____

ID# _____

Last

First

Middle

Mailing Address

City

State

Zip

Email

Phone (H) _____ (W) _____

Program

Request to add/drop course (s):

ADD _____

Course no.

Title

Credits

Course no.

Title

Credits

Course no.

Title

Credits

DROP _____

Course no.

Title

Credits

Course no.

Title

Credits

Course no.

Title

Credits

NOTE: All coursework, including transfer credits, must be completed in the six (6) years immediately preceding the granting of the degree.

Approved by:

Student _____

Date _____

Advisor _____

Date _____

Dean _____

Date _____