



# INTERNATIONAL COLLEGE CAYMAN ISLANDS

Date \_\_\_\_\_

Quarter: \_\_\_\_\_

## **Add/Drop Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Student Type: ☐ New ☐ Re-Admit ☐ Continuing ~ **AND** ~ ☐ Undergraduate ☐ Graduate

A D D	COURSE	SECTION	CR HRS	Days/Time	Instructor's Initials	***SIGNATURE OF ADVISOR & DATE***

D R O P	COURSE	SECTION	CR HRS	Days/Time	Instructor's Initials	***SIGNATURE OF ADVISOR & DATE***

**Please State Specific Reason:**

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\_\_\_\_\_  
Student's Signature & Date

\_\_\_\_\_  
Business Manager's Signature & Date

\_\_\_\_\_  
Registrar's Signature & Date