



7/6 Aaly Tokombaev, 720060,
 Bishkek, Kyrgyzstan
 ИНН 01407199310022 | 999 УККН
 www.auca.kg

Office of the Registrar

ADD/DROP FORM

Semester: *Fall, Spring, Summer* Year: _____

Group: _____

Student Name: _____

ID#: _____

Advisor Name: _____

Phone (cell) _____

The list of all courses in which the student is registered:

#	Course Name	Code	Course ID	Credits	Section	Instructor Name
1						
2						
3						
4						
5						
6						
7						
8						

Courses to be DROPPED:

#	Course	Code	Course ID	Credits	Section	Instructor Name	Signature
1							
2							
3							
4							
5							
6							
7							
8							

Courses to be ADDED:

#	Course	Code	Course ID	Credits	Section	Instructor Name	Signature
1							
2							
3							
4							
5							
6							
7							
8							

Student Signature _____

Advisor Signature _____

Date: _____

Please, submit this original to the Registrar Office.

_____ Registrar