

## ADD / AUDIT / DROP / WITHDRAWAL FORM

Tel: 212.870.1211

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**Instructions:** Please print all of the information requested below and submit to the Registrar's Office. Please refer to the Student Handbook for school policy on all changes/refunds, etc.

Rev. 04/2015 LRB

Date	Student ID #:			
Name				
Last	First		Middle	
COURSE # COURSE TITLE		<b>CREDITS</b>	<b>SEMESTER</b>	<b>YEAR</b>
I wish to ADD the following course(s):				
I wish to AUDIT the following course(s):				
I wish to DDOD the following counce(s):				
I wish to DROP the following course(s):				
I wish to WITHDRAW from the following co	ourse(s):			
Student's Signature:				
Advisor's Signature:				
Business Office Signature:				
Registrar's Signature:				
Class Start Date/s (for DROPS/WITHDRAWA)	LS):			

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