



# East Delta University Course ADD/ Drop Form

Name: \_\_\_\_\_, ID: \_\_\_\_\_

Department/School: \_\_\_\_\_, CGPA: \_\_\_\_\_ Current Semester: Spring/Summer/Fall 20

Address: \_\_\_\_\_, Tel: \_\_\_\_\_

Mobile Number: \_\_\_\_\_, e-mail Address: \_\_\_\_\_

**Course to be Drop:**

Course Code	Course Title	Semester	Grade	Reason to ADD/ Drop

**Comments if any:**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Approval by the Dean/Chairman/Coordinator of your respective Department**

Coordinator/Chairman/Dean's Approval YES  NO  Comments \_\_\_\_\_

Coordinator/Chairman/Dean's Signature \_\_\_\_\_ Date & Seal \_\_\_\_\_