

**BON SECOURS
MEMORIAL SCHOOL OF NURSING**

ADD/DROP/WITHDRAWAL FROM CLASSES FORM

Semester: ___Fall ___Spring ___Summer

Year: 200__

Last Name

First Name

MI

Daytime Telephone Number

Please print clearly

ADD					
Prefix	Number	Credits	Day	Time	Course Title/School (e.g., JSR, JTCC)
NUR					

DROP					
Prefix	Number	Credits	Day	Time	Course Title/School (e.g., JSR, JTCC)
NUR					

**I understand that I must pay for the class(es) to complete this registration
by the appropriate payment deadline.**

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____