

Course Change Form

(please print)

Hamilton College

Name _____
Last First M.I.

Term: _____
Semester/Year

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I.D. number

Date: _____

	Synonym #	Department Name	Course #				Section #	Course Title	Instructor Name
DROP									
<i>Sample</i>		<i>Engl</i>	<i>1</i>	<i>5</i>	<i>0</i>	<i>W</i>	<i>03</i>	<i>Reading Literature</i>	<i>Wagner</i>
ADD									

Signatures _____
Advisor

Drop -Instructors- Add

Return to Registrar's Office