



RICHMOND
 THE AMERICAN INTERNATIONAL
UNIVERSITY
 IN LONDON

Office of the Registrar
 Queens Road, Richmond, TW10 6JP, UK
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Course Add/Drop Form

Semester (please circle): Fall/Spring/Summer I/Summer II 20__

Student ID Number

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Family Name

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First Name

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Email Address/Contact Number

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(This form must be completed and taken to the Registrar's Office. You will then receive an updated course schedule)

DROP

Course Code

Dept & Number

Course Title

ADD

Course Code

Dept & Number

Course Title

Student signature:

Date:

Adviser signature:

Date:

Processed by:

Date: