



**RICHMOND**  
 THE AMERICAN INTERNATIONAL  
**UNIVERSITY**  
 IN LONDON

**Office of the Registrar**  
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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: \_\_\_\_\_