

**Yale University School of Nursing
Course Add/Drop Form**

Name: _____ ID#: _____

Term: Fall: ____ Spring: ____ Summer: ____ Year: _____

Add: Course#	Add: Credits	Drop: Course#	Drop: Credits	Date

\$10.00 Registration Fee: Applicable _____ Not Applicable _____
Fees will be charged to your student account.

Instructor's Signature: _____

Faculty Advisor's Signature: _____

Registrar's Signature: _____