

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

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Term:            Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Add: Course#</b>	<b>Add: Credits</b>	<b>Drop: Course#</b>	<b>Drop: Credits</b>	<b>Date</b>

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

Instructor's Signature: \_\_\_\_\_

Specialty Director's Signature: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_