COURSE ADD / DROP FORM

Please fill out the form below **completely and legibly**. Forms must be submitted to Rebecca within the pre-defined deadline.
Late forms will not be taken into account.

Name..... Semester:.....
Home campus :.....
Paris campus :.....
Phone number :..... E-mail :.....

Course Number	**Course Title and Description**	**Professor** (Name + E-mail)	**Department**	**Level** (L1, L2, etc.)	**Hours Per Week**	**Weeks Per Semester**	**ADD or DROP**