Brandeis University The Heller School for Social Policy and Management

Add/Drop/Audit Form

FUL	L NAME:
STUI	DENT ID#: 2
CIRO	CLE ONE:
Fall	Spring Summer I Summer II Year: Today's Date:
Instructor A	4 Check one: () Add () Drop () Change to audit () Add to Audit
	Course Number: Class #:
	Title: Name: Signature:
Instructor I	B Check one: () Add () Drop () Change to audit () Add to Audit Course Number: Class #:
	Title:
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	se email to: Welby Gonzalez, Assistant Director, Academic Affairs and Student Experience wgonzalez@brandeis.edu ature:
Signa	Assistant Director, Academic Affairs and Student Experience
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Date	e Received: Date Processed: