SHORTWOOD TEACHERS' COLLEGE

Committed to Growth and Enlightenment

ADD/DROP FORM

Student ID#:	Last Name:	First Name:	Tel:

Programme:	Specialization:

I wish to drop: I wish to add:

Enter name of course/s below:		Day and Time:

Reason being:

Student's Signature:	Date:

Approved by: Signature: Date

Head of Department (or Delegate):		
Registrar:		

Sanctioned by: Signature: Date:

Vice Principal – Academics:		