# DE LA SALLE UNIVERSITY-DASMARIÑAS
## OFFICE OF THE REGISTRAR

## ADDING/DROPPING FORM 1-A

_____ Semester, Schoolyear _____

Name: _____ Student No.: _____ Progcode: _____

*(Last Name)* *(First Name)* *(M.I.)*

| SUBJECTS TO BE ADDED | | | | | | SUBJECTS TO BE DROPPED | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COURSE | SECTION | UNITS | SCHEDULE | | | COURSE | SECTION | UNITS | SCHEDULE | | | INSTRUCTOR'S PRINTED |
| CODE | CODE | | TIME | DAY | ROOM | CODE | CODE | | TIME | DAY | ROOM | NAME AND SIGNATURE |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Reason: _____

Total no. of units to be added: _____ Total no. of units to be dropped: _____

Approved:

_____ _____

Adviser
(Signature over Printed Name)

Associate Dean / Dean
(Signature over Printed Name)

Note: The signature of the subject teacher is needed ONLY when a student drops *after the dropping period with refund*.
The procedure for dopping/adding of subjects is at the back.