



**UNIVERSITY OF THE SOUTHERN CARIBBEAN
STUDENT ADVISEMENT CENTRE
ADD / DROP FORM**

RECEIPT # _____

- | | | |
|---|--|---|
| <input type="checkbox"/> MAIN CAMPUS | <input type="checkbox"/> SOUTH CAMPUS | <input type="checkbox"/> TOBAGO CAMPUS |
| <input type="checkbox"/> ANTIGUA CAMPUS | <input type="checkbox"/> BARBADOS CAMPUS | <input type="checkbox"/> ST LUCIA CAMPUS <input type="checkbox"/> GUYANA CAMPUS |

STUDENT'S NAME (last, first, other):						
CONTACT No:				EMAIL ADDRESS:		
USC I.D. No:				ACADEMIC YEAR:		SEMESTER:
MAJOR:				No. OF CREDITS COMPLETED:		CUMULATIVE GPA:
SCHOOL:				<input type="checkbox"/> FULL- TIME		<input type="checkbox"/> PART - TIME
COURSE ACRONYM	ADD	DROP	SECTION	TIME	DAY	COMMENTS

_____	_____	_____
STUDENT'S NAME	SIGNATURE	DATE

ACADEMIC ADVISOR COMMENTS:

_____	_____	_____
ACADEMIC ADVISOR'S NAME	SIGNATURE	DATE