



جامعة قطر
QATAR UNIVERSITY

Registration Department
Registration Section

Add / Drop Form

Personal Information

Student Name:	Student ID Number:
College:	Major:
Semester: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Year:
Phone Number:	Mobile Number:

Add Course

Course Title (Subject)	Course Number	Course Code (CRN)

Drop Courses

Course Title (Subject)	Course Number	Course Code (CRN)

◆ Total Credit Hours ().

Signature

Students are responsible for completing required information in this form prior to submit it to the registration Department. Incomplete forms will not be processed.

Student's Signature:	Date: / / 20
Instructor's Signature:	Date: / / 20
Department Head's Signature:	Date: / / 20

◆ This form should be submitted to the Registration Department before the end of Add/Drop period.

For Office Use Only

Processed by:	Date: / / 20
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