



# CIPRIANI COLLEGE

OF LABOUR AND CO-OPERATIVE STUDIES

OFFICE OF THE REGISTRAR

## ADD / DROP COURSE FORM

**COMPLETE IN BLOCK LETTERS ONLY**

Student Name: .....

Student ID Number: .....

Contact Number: Home:..... Mobile:..... Work:.....

Level of Programme: Certificate  Diploma  Associate Degree  Bachelor Degree

Name of Programme: .....

Academic Year: ..... Semester 1  Semester 2

Campus: Valsayn  El Dorado  Pleasantville  MIC  Tobago

### ADD COURSE

Course Code	Course Title	Section #

### DROP COURSE

Course Code	Course Title	Section #

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICIAL USE ONLY**

Signature: \_\_\_\_\_

*Admissions Office, Staff Member*

Date of Receipt of Application: \_\_\_\_\_