



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: _____