SAMARA UNIVERSITY
Office of the Registrar
Add, Repeat and Drop Form

Instruction

a. Complete application in four copies;
b. Fill in required information clearly and/or mark ( ) in the appropriate space;
c. Submit application to the College Registrar Unit during the prescribed period in the academic calendar

Name _____ ID No _____

College _____ Department _____

Program:

☐ Diploma
☐ Undergraduate
☐ Postgraduate Degree

Enrollment Type:

☐ Regular Fulltime ☐ Regular Part time
☐ Degree Extension
☐ In-Service ☐ Distance education

Class Year _____ Academic Year _____ Semester _____

Courses to be Added: **Course to be Dropped**

No	Course Title	Course No	Credits	Sig. of Instructor	Course Title	Course No.	Credits
Total Credit After Adding/Dropping/							

_____ _____ _____

Date Adviser's Signature Registrar