

NUC UNIVERSITY Add / Drop Form

Campus/Lear	rning Site:							
Paternal Last Name		Materna	Maternal Last Name			First Name		
Student Num	ber:							
				Term and acade	emic year: _			
Program/Major: _			□ Diplor	ma □ Associate	□ Bachelor	's □ Master's		
	nts must visit the necessary demic calendar to make th			natures. This form mus	t be submitted	at the Registrar's Of	fice no later than the da	
				ADD				
Control	Course	Credits	Days	Time		Professor	Classroom	
	Total Credits							
Control	Course	Credits		Time	<u> </u>	Professor	Classmann	
Control	Course	Credits	Days	1 ime		Professor	Classroom	
	Total Credits							
	,		INSTR	UCTIONS				
				pe of transaction)				
☐ Administrat	tive ^{I} \square Personal	□ Co	ourse Cancelo	ed 🗆 Transf	er Course	□ Repeating	the Course	
I certify Student Signature				Department Director's approval (only applies to Campuses)				
Aca	Academic Affairs Dean or Academic Director's Approval				¹ VP of Academic Affairs or VP of Academic Affairs Technical Division's Approval			
	Bursar's Approval				Registrar Officer's Signature			
		D	ate					

¹ Changes that alters the student's academic load, after the period established in the academic calendar, must be submitted for evaluation and approval to the Vice Presidency of Academic Affairs or the Vice Presidency of Academic Affairs Technical Division.