



Red Lake Nation College

Add/Drop Form

Last Name: _____ First Name: _____ ID#: _____

Phone Number: _____ Semester/Year: Fall _____ Spring _____ Summer _____

DROP

Course Code	Course Title	Cr	Instructor	Days	Times

ADD

Course Code	Course Title	Cr	Instructor	Days	Times

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____