



Red Lake Nation College Add/Drop Form

First Name: _____ Last 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: _____

Academic Advisor Signature: _____ Date: _____