Add / Drop Form

جامعة قطر
QATAR UNIVERSITY

Enrollment Management Department
Registration Section

Personal Infomation

Student Name:	Student ID Number:
College:	Major:
Semester: Fall ☐ Spring ☐ Summer ☐	Year:
Phone Number:	Mobile Number:

Add Course

Course Title (Subject)	Course Number	Course Code (CRN)

Drop Courses

Course Title (Subject)	Course Number	Course Code (CRN)

- **Total Credit Hours** ( ).

Signature

Students are responsible for completing required information in this form prior to submit it to the registration Department. Incomplete forms will not be processed.

Student's Signature:	Date: / / 20
Instructor's Signature:	Date: / / 20
Department Head's Segnature:	Date: / / 20

- **This form should be submitted to the Registration Department before the end of Add/Drop period.**

For Office Use Only

Processed by:	Date: / / 20

Phone No: Female: 44033778 / 3789 | Male: 44033774 | Fax: 44033773 | E-mail : registrations@qu.edu.qa