Oxnard College Add/Drop Form	*All Adds must be turned in by the Add Deadlines.*

Date of Birth	Last Name	First	Middle	Student ID #: 900

Term:	CRN#	Course Title	Authorization Code	Date of 1st Attendance
20_____				
☐ Fall				
☐ Spring				
☐ Summer				

Office Use	DROP– LIST COURSES TO DROP *It is the Student's responsibility to Drop classes by the deadline!*			
Processed (Initial):_____				
Date:_____				

Student Signature_____   Date_____   Rev. 10-22-19