

UNITED THEOLOGICAL COLLEGE OF THE WEST INDIES

ADD/DROP Form

Academic Year:.....

Semester:.....

Course Code	Course Title	Lecturer's Signature	Add/Drop
Name:		Date:	
ID#		Tel. #:	
Programme:			
Warden's Signature:		Date:	
Approved by Accountant:		Date:	
Approved by Dean of Studies:		Date:	