



**Office of the Registrar**  
 Nueta Hidatsa Sahnish College  
 PO Box 490/220 College Drive  
 New Town, ND 58763  
 Phone: 701-627-8047  
 Fax: 701.627.4790 registrar@nhsc.edu

## ADD/DROP FORM

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Students Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_ Major: \_\_\_\_\_

Student Classification (Please check one): \_\_\_\_\_ Regular \_\_\_\_\_ Audit \_\_\_\_\_ Dual Credit \_\_\_\_\_ Dual Enrollment

ADD	Course Code	Course Title	Cr.	Instructor's Signature	Date	Advisor's Signature

DROP	Course Code	Course Title	Cr.	Instructor's Signature	Date	Advisor's Signature

**Note:** You are responsible for ensuring that your registrations is accurate and complete. Ensure that you have satisfied the academic requirements for your program. There are financial implications that may affect your ability to receive financial aid. I understand that I am responsible for the course (s) selected and understand how they apply toward my education goals. By proceeding with this registration I agree to abide by the NHSC agreement and all other college policies as cited in the Student Handbook.

It is the student's responsibility to submit this form to the Registrar's office; not received by the official college drop/add date it will NOT be processed.

**\*\*ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE\*\***

**Registrar's Use Only**

Date of institutional DROP/ADD Form Received: \_\_\_\_\_ Signature: \_\_\_\_\_