## **Rider University**

## **Student Schedule Add/Drop**

					J-TermSpringSummer 1Summer 2	Fall 20
LAST		FIRST		MIDDLE		RONC ID#
	CRN	SUBJ	CRSE#	SECT#	TITLE	CREDIT
-						
DROP						
DI						
-						
ADD						
ł						
By signing, I agree I am responsible for all course selection decisions I make. I agree I am responsible for all planning that ensures the completion of all graduation requirements including hose specific to my major(s) and minor(s).						
Student's Signature				Date	Registrar's Signature	Date