



# JOHNS HOPKINS PEABODY PREPARATORY

## DROP/ADD FORM

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_

Record Name: \_\_\_\_\_ Date: \_\_\_\_\_

### DROP

Sem	Lesson/Class	Instructor	Day	Time	Length	Campus	Weeks	Adj \$

### ADD

Sem	Lesson/Class	Instructor	Day	Time	Length	Campus	Weeks	Adj \$

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (student or parent/guardian) \_\_\_\_\_

*Office Use Only*

Registrar _____	Date _____
Buisness Office _____	TR Adj = \$ _____