



Women's Institute of Torah Seminary

MAALOT BALTIMORE

ADD / DROP FORM

STUDENT ID NUMBER: _____

STUDENT NAME: _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP AUDIT

Course Number: _____ Fall _____ Spring _____ Year Long _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP AUDIT

Course Number: _____ Fall _____ Spring _____ Year Long _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP AUDIT

Course Number: _____ Fall _____ Spring _____ Year Long _____

Student Signature: _____

Date: _____

Menahelas Signature: _____

Approved: YES NO Date: _____

Advisor Signature: _____

Approved: YES NO Date: _____