



Women's Institute of Torah Seminary

MAALOT BALTIMORE

ADD / DROP FORM - GENERAL STUDIES

STUDENT ID NUMBER: _____

STUDENT NAME: _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP

Course Number: _____ Fall _____ Spring _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP

Course Number: _____ Fall _____ Spring _____

OFFICE USE ONLY: W WD

COURSE NAME: _____ ADD DROP

Course Number: _____ Fall _____ Spring _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Approved: YES NO Date: _____

Fee Charged: \$ _____

Paid Cash Paid Check

Paid Credit Card _____ Exp. Date _____