Swarthmore College
Office of the Registrar Parrish 124
Complete and submit to the Registrar's Office

ADD FORM

Swarthmore Institution only; NOT Tri-Co

FALL of (year:)_____

SPRING of (year:)_____

ID#_____ NAME (please print) _____

SWARTHMORE EMAIL_____GRAD YEAR _____ DATE_____

ADD:

Every Add MUST have the signature of the Instructor.

Course Reference Number	Subject	Num	Section	Course Title	Credits	Instructors Signature