

# CAMPBELL

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# UNIVERSITY

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RTP Campus – Add/Drop

Student Name: \_\_\_\_\_  
Student ID#: \_\_\_\_\_

D/A	SYN#	Course	Time	Day	Instructor

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
RTP Campus Signature: \_\_\_\_\_ Date: \_\_\_\_\_