

# villanova university

Office of the Registrar

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YR./TERM	STUDENT NUMBER	LAST NAME	FIRST	M.I.	COLL.	MAJ.	DATE

DROP				
CRN	SUBJ	COURSE	SECT	CR
TOTAL CREDITS →				

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CRN	SUBJ	COURSE	SECT	CR
TOTAL CREDITS →				

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STUDENT SIGNATURE

_____ APPROVING SIGNATURE	_____ EFFECTIVE DATE
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