**Special High School**

<table>
<thead>
<tr>
<th>Course/Unit</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
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</table>

**Student's Signature:**

**Instructor:**

**Date:**

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**Course/Unit**

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<th>Term</th>
<th>Course</th>
<th>Units</th>
<th>Days</th>
<th>CRN</th>
<th>Subject</th>
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</thead>
<tbody>
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</table>

**Please check one:**

- [ ] ADD
- [ ] DROP
- [ ] WITHDRAWAL

**Student ID #:**

**Name:**

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**Add/Drop Form**

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**City College of San Francisco**