



Bahamas Institute of Business and Technology

Add/Drop Form (Fee \$25 Per Course)

Enter term	<input type="text"/>	Year	<input type="text"/>
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Personal Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Date of Birth	<input type="text"/>	Sex	<input type="radio"/> Male <input type="radio"/> Female	Nationality	<input type="text"/>
Student No:	<input type="text"/>	Major:	<input type="text"/>	Email	<input type="text"/>
P O Box:	<input type="text"/>	Street:	<input type="text"/>	City:	<input type="text"/>
Phone C:	<input type="text"/>	Phone W:	<input type="text"/>	Phone H:	<input type="text"/>

Course(s) to be Added

Type	Title	Num	Code	Credits		Instructor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Course(s) to be Dropped

Type	Title	Num	Code	Credits	Day/s	Time	Instructor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's signature:	<input type="text"/>	Date:	<input type="text"/>
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Please note: You will be required to pay applicable tuition fees based on this transaction

(Once the form is completed, please sign, save and email to admin@bibtbahamas.com) Do Not Scan Form

For Official Use Only

Accepted by:	<input type="text"/>	Date:	<input type="text"/>
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