



Drop/Add Form

Instructions: Complete all items below, obtain your instructor's and advisor's signatures. Submit completed form to Registrar's Office.

Student Type: Career and College Promise Traditional
 Drop Add Withdrawal

Please print legibly.

Student ID#						

Term:			
<input type="checkbox"/> <input type="checkbox"/> Fall	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> <input type="checkbox"/> Summer

Student's Name: _____ Date: _____

ADDS				
Course Prefix <small>(ie BUS, CIS)</small>	Course Number	Section Number	Instructor Signature**	Credit Hours

<ul style="list-style-type: none"> Student must meet with their high school counselor or college advisor. Financial aid recipients must consult with the Financial Aid Office before dropping classes. Veterans' benefits recipients must consult with the Veterans' Affairs Office before making any schedule changes. 						
Course Prefix <small>(ie BUS, CIS)</small>	Course Number	Section Number	Instructor Signature**	Credit Hours	Grade Rec'd	Last Date Attended

****Instructor signature required after 10% of semester**

Reason for Drop/Withdrawal (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Drop | <input type="checkbox"/> Dissatisfied with Instruction | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Course load too heavy | <input type="checkbox"/> Employment | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Course too Difficult | <input type="checkbox"/> Excessive Absences | <input type="checkbox"/> Transfer to another school |
| <input type="checkbox"/> Death in the family | <input type="checkbox"/> Illness (personal or family) | <input type="checkbox"/> Other _____ |

Student Signature **(Required)** _____

HS Counselor or College Advisor Signature **(required)** _____

Total Withdrawals:

I certify that I have met with the financial aid director and was provided information regarding Return of Title IV (R2T4).

Financial Aid Director Signature: _____ Student Signature: _____

FOR OFFICE USE ONLY:			
Credit Hours Before Change:		Credit Hours After Change:	
Processed by and date:			