



Drop/Add Form

DROP ADD

Photo ID Checked (Initials) _____

Name of Student (Last) _____ (First) _____ (Middle) _____			Date _____
Address (Street No.) _____		(City) _____	(State) _____ (Zip) _____
Email _____			
Phone _____		Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year 20__ Student ID # _____

ADD	Dept. and Course No. (Ex. ENG)	CAT-NO (Ex. ENG 111)	Sect. (Ex. M1D)	Instructor	Cr. Hrs.	Con. Hrs.	Room	Beg. Time	End. Time	Days of Week

DROP	Dept. and Course No. (Ex. ENG)	CAT-NO (Ex. ENG 111)	Sect. (Ex. M1D)	Instructor

Select ONE of the following reasons for withdrawal:

- Employment
- Illness
- Child Care Problems
- Financial
- Transportation
- Relocation
- Course Load Too Heavy
- Course Too Difficult
- Course Not What Expected
- Transfer to Another School
- Dissatisfied With Instruction
- Excessive Absences
- Changed My Mind
- Misadvised
- Personal
- Death in Family
- COVID-19 Related
- Other _____

Comments _____

Counselor/Advisor Signature _____	Credit Hrs. Before Change _____	Credit Hrs. After Change _____
Student Signature _____	<input type="checkbox"/> Full refund tuition and fees. <input type="checkbox"/> 75% refund for _____ semester hours tuition only <input type="checkbox"/> Refund _____ only <input type="checkbox"/> No refund	

NOTE: Student initiates this form.

White—Office of Student Records Yellow—Student