



Office Use Only	
Initial	Date
	CE / Front Desk
	Advisor / Program Faculty
	Admissions
	Financial Aid
	Student Retention
	Registrar
	Business Office
	Registrar

# DROP/ADD OR WITHDRAWAL FORM

Last Name:	First Name:	ID #
Program:	Semester Term/Year (Fall, Spring, Summer):	
Phone Number:	Email Address:	Alternate Contact Name & Number:

Are you receiving financial aid, loans, scholarships and/or Veteran's benefits this semester?      Yes      No  
 \*If yes, you must check with Financial Aid to see how your financial aid is affected by the decrease in your total hours of enrollment.

Financial Aid Representative Signature (Required) \_\_\_\_\_  R2T4  
 VA

DROP/Withdrawal: *Advisor/Instructor signature is required.*

Course / Section #	Course Name	Credit Hours	Effective Date	Advisor Notes

Are you dropping all courses?      Yes      No  
 Reason for Drop/Withdrawal:

Are you transferring to another college/university?      Yes      No      If yes,      2 year institution      or      4 year institution

Advisor/Instructor Signature \_\_\_\_\_

ADD: Instructor signature is required on/after first day of classes.

Course / Section #	Course Name	Credit Hours	Effective Date	Instructor Signature

Reason for Administrative Approval:

Administrative Approval \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_