

DROP / ADD / TOTAL WITHDRAWAL

****Student MUST present this form to the Records Office for drop/add requests to be processed!****

SS# or Student ID Number: _____

Semester & Year: _____

Name: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Emergency Contact Telephone Number: _____

ARE YOU DROPPING ALL CLASSES? YES NO

Classes Dropped

Classes Added

PS CLASS #	Prefix Letters	Catalog No.	Campus Section #	CR	GRADE (after mid-term)	INSTRUCTOR INITIALS (after mid-term)		PS CLASS #	Prefix Letters	Catalog No.	Campus Section #	CR	Day/Time	INSTRUCTOR INITIALS

****If receiving Financial Aid: I understand that I will be responsible for Financial Aid repayments if I totally withdraw from college prior to the 60% enrollment date.****

Student's Signature

Advisor's Signature

Processed By

Date Processed