

Alamance Community College

Drop/Add Form

<b>Student ID Number:</b>	<b>Name</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Circle if Applicable</b>
					Jr. Sr. III
<b>Term:</b> 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer				<b>Date:</b>	

**IF YOU RECEIVE FINANCIAL AID OR VETERAN'S BENEFITS, PLEASE READ AND SIGN BELOW**

Changes to your course schedule may impact the amount of aid received and eligibility for aid/benefits both this semester and in future semesters. Financial Aid and Veterans benefits recipients should discuss the consequences of changing your course schedule with the Financial Aid or Veterans Office before doing so. **Student Signature:** \_\_\_\_\_

**Why are you withdrawing from your course(s)?**

<b>Remarks:</b>	<b>Reasons:</b>	<input type="checkbox"/> Financial	<input type="checkbox"/> Excessive Absences
	<input type="checkbox"/> Employment	<input type="checkbox"/> Transportation	<input type="checkbox"/> Death in Family
	<input type="checkbox"/> Illness (Personal/Family)	<input type="checkbox"/> Course Load Too Heavy	<input type="checkbox"/> Military Deployment
	<input type="checkbox"/> Childcare Concerns	<input type="checkbox"/> Course(s) Too Difficult	<input type="checkbox"/> Other

**Course Withdrawal**

To Be Completed By The Student:						To Be Completed By The Instructor:			
Course Information									
Prefix (Ex. ENG)	Number (Ex. 111)	Section (Ex. 01E)	Title	Credit Hours	Instructor's Last Name	Census Date	Grade* NA,WP,WH	Last Date Attended	Instructor Signature

**Instructor Comments:**

\* "NA" if never attended and dropped after census date \* "WP" if dropped after census date but has last date of attendance  
\* "WH" if dropped after census date with hardship. Must have Dean's Signature of Approval.

**Course Addition**

To Be Completed By The Student:						To Be Completed By The Instructor:		
Course Information								
Prefix (Ex. ENG)	Number (Ex. 111)	Section (Ex. 01W)	Title	Credit Hours	Instructor's Last Name	Census Date	Date Entered Course	Instructor Signature

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(For student initiated drops, it is the student's responsibility to obtain appropriate signatures and submit completed form to the Student Success Office.)

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Dean Signature** (after 80% date): \_\_\_\_\_ **Date:** \_\_\_\_\_  
(\*or for WH)

Course File Adjusted By: _____	Date: _____
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