



## Drop/Add Form

**Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)**

Student Name: \_\_\_\_\_ ECC ID: \_\_\_\_\_

The following changes in enrollment are requested for Semester:  Fall  Spring  Summer Academic year: \_\_\_\_\_

A D D	Synonym #	Dept.	Course #	Section	Course Title	Days/Time	Credits	Signature of Instructor (may be required for enrollment)	Date	Audit?	
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No

D R O P	Synonym #	Dept.	Course #	Section	Course Title	Days/Time	Credits	Signature of Instructor (required weeks 5 - 16)	Date

Number of credit hours for the indicated semester following this action:

**Student Responsibility:**

**This document must be submitted for action to be processed.** Student understands changes in enrollment may affect one or more of the following:

- Scholarship, federal grant status, or availability of other financial aid
- Private health insurance
- Corequisite or prerequisite status for other courses
- Other enrollment-based status either contracted with East Central College or a third party.
- Program length

**Tuition and fee refund when dropping 16 week Fall/Spring courses:**

- Week 1 = 100% • Week 2 = 75% • Week 3 = 50% • Week 4 and following = no refund.

**NOTE:** Courses less than 16 weeks in duration are refunded at a prorated basis.

\_\_\_\_\_  
Student signature Date  
**Student understands failure to submit this form in a timely manner may result in an administrative withdrawal or failing grade.**

\_\_\_\_\_  
Advisor signature Date  
**Advisor signature indicates only that student has been made aware of effects this petition may have on his/her ECC academic program.**