



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 Other _____ Academic year: _____

A D D	Synonym #	Dept.	Course #	Section	Course Title	Days/Time	Credits	Signature of Division Chair (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	Date	<u>Refund Deadlines in a sixteen-week semester</u> Classes less than 16 weeks in duration are refunded at a prorated basis 100% refund period calendar days 1-7 75% refund period calendar days 8-14 50% refund period calendar days 15-21	

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
 - Corequisite or prerequisite status for other courses
 - Program length
- Private health insurance
 - Other enrollment-based status either contracted with East Central College or a third party.

 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.