☐ Fall
☐ Spring
☐ Summer
☐ Winter
Academic Year:_____

EAST CENTRAL COLLEGE
Drop/Add Form

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

Special Population Impact
☐ Athlete
☐ Early College Academy
☐ International Student
☐ Veteran

Student Name: _____ **ECC ID:** _____

Student Responsibility: This document must be submitted for action to be processed. 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

Refund Deadlines in a sixteen-week semester (Classes less than 16 weeks in duration are refunded at a prorated basis)
100% refund period = calendar days 1-7 from the first day of the semester
50% refund period = calendar days 8-14 from the first day of the semester

DROP:

Dept.	Course #	Section	Credits	Course Title
TOTAL CREDITS includes second page if needed				

**** see second page for additional courses if needed ***

Reason for Drop:
☐ I am dropping to be more successful in other courses.
☐ I am experiencing a change in employment.
☐ I am experiencing financial hardship(s).
☐ I am having transportation issues.
☐ I am changing my Academic Pathway.
☐ I am moving from the area.
☐ I am dropping due to military service.
☐ I am experiencing health issues.
☐ I am dissatisfied with the course.
☐ I am not doing well in the class.
☐ I am dropping to take care of family issues.

Have you spoken with your faculty about dropping course? ☐ Yes   ☐ No

ADD:

Dept.	Course #	Section	Credits	Course Title	Signature of Instructor/Dean
TOTAL CREDITS includes second page if needed					

_____
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 their ECC academic program.

DROP:

Dept.	Course #	Section	Credits	Course Title

ADD:

Dept.	Course #	Section	Credits	Course Title	Signature of Instructor/Dean
TOTAL CREDITS					

Student Initials _____ Date _____

Advisor Initials _____ Date _____