

## **Drop/Add Form**

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

e f	ollowi	ng chang	es in eni	ollment are requested for	Semester:	⊐Fall □	Spring □Summer □O	ther	Acad	demic ye	ear:
	Dept.	Course #	Section	Course Title	Days/Time	Credits	Signature of Division Chair (m	ıay be requii	red for enrollment)	Date	Audit?
_											□Yes
4											□No
D											□Yes □No
											□Yes
D											□No
F											□Yes
											□No
	Dept.	Course #	Section	Course Title	Days/Time	Credits	Date		Reason for dropping:		
o l									Employment	торрінь.	•
									Financial		
R											
O I									Health		
P									Military		
┌┟									Moving		
									Other		
		Number o	of credit hou	rs for the indicated semester follow	ing this action:						
				Refund Deadlines in a sixt	een-week semester (C	Classes less th	l nan 16 weeks in duration are refund	led at a prorat	ed basis)		
				100% refu	nd period = calendar	days 1-7	50% refund period = calendar days	s 8-14			
		onsibility: t must be su	ubmitted fo	r action to be processed. Studen	t understands chan-	ges in enro	llment may affect one or more o	f the followin	ıa.		
Schol	larship,	federal grant	status, or a	vailability of other financial aid		g	<ul> <li>Private health insurance</li> </ul>				
	quisite o am leng		e status for	other courses			<ul> <li>Other enrollment-based st</li> </ul>	atus either c	ontracted with East	Central Co	llege or a thi
rogi	aiii 1611 <u>6</u>	jui									
udent	t signatu	ıre			Date		Advisor signature				Date