



Class Drop / Add Form

Student ID# _____ (7 digits)

SS#: _____ Last Name _____ First Name _____ MI _____

This form is a: Section Change Transfer Course Cancellation

DROP

Class No. (9/10 Digits)	Class Title	Day & Time	CR	Office Use

ADD

Class No. (9/10 Digits)	Class Title	Day & Time	CR	Office Use

Reasons for Drop:

- | | | | | | |
|----|-----------------------|----|----------------------|----|------------------------|
| AF | Armed Forces | EG | Met Educational Goal | O | Other |
| CD | Course Too Difficult | FP | Financial Problems | PA | Poor Attendance |
| CG | Course Grades Poor | FR | Family Related | RJ | Obtained Related Job |
| CL | Course Load Too Heavy | HR | Health Related | SC | Section Change |
| CT | Course Transfer | LI | Lack of Interest | T | Transferred |
| DI | Disliked Instructor | M | Moved | UJ | Obtained Unrelated Job |
| WC | Work Conflict | | | | |

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

(Required only on adds)

Reg. Initial: _____ Date: _____