



0300406



Class Drop/Add Form

For office use only: Year 20____
 Summer Fall Spring
 Date Stamp:

Student ID Number	Last Name	First Name	Middle Name
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DROP

Class No. (10-11 Digits)	Class Title	Day & Time	Credits

ADD (Sections which require instructor consent must be counselor or advisor approved in the computer system prior to registration.)

Class No. (10-11 Digits)	Class Title	Day & Time	Credits

Reason for Drop: (Circle One)

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

Student Signature _____ Date: _____