

Drop/Add Form

Student ID Number:	Last Name:	First Name:	Middle Initial:	If applicable: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III
Term: 20____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Date:	

FOR STUDENTS RECEIVING FINANCIAL AID OR VETERAN'S BENEFITS

Students must read and acknowledge the following statement: Changes to your course schedule may impact the amount of aid received and eligibility for aid/benefits both this semester and in future semesters. Financial Aid and Veterans benefits recipients should discuss the consequences of changing your course schedule with the Financial Aid or Veterans Office before doing so.

Student Acknowledgment of Statement: (Select one.)

- ☐ Yes, I (*student*) acknowledge the statement. Student Initials: _____ (*if student is present to sign form*)
- ☐ Yes, the statement was sent to and acknowledged by student via Watermark message. (*if student is not present to sign form*)
- ☐ The statement was sent but the student has not replied to acknowledge. (*if student is not present to sign form*)

Why is the student withdrawing from the course(s)? (Select all that apply.)

- | | | |
|--|--|--|
| Reasons: | <input type="checkbox"/> Financial | <input type="checkbox"/> Excessive Absences |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Transportation | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Illness (Personal/Family) | <input type="checkbox"/> Course Load Too Heavy | <input type="checkbox"/> Military Deployment |
| <input type="checkbox"/> Childcare Concerns | <input type="checkbox"/> Course(s) Too Difficult | <input type="checkbox"/> Other (include remarks) |

Remarks:**Course Withdrawal**

Can be completed by student or instructor.						Must be completed by instructor.			
Prefix (Ex. ENG)	Number (Ex. 111)	Section (Ex. 01W)	Title	Credit Hours	Instructor's Last Name	Census Date	Grade* NA,WP,WH	Last Date* Attended	Instructor Signature

Instructor Comments:

* "NA" if never attended (no last date of attendance required) * "WP" if student attended (must include last date of attendance)
 * "WH" if dropped after census date with hardship. Must have Dean's Signature of Approval.

Course Addition

Can be completed by student or instructor.						Must be completed by instructor.		
Prefix (Ex. ENG)	Number (Ex. 111)	Section (Ex. 01W)	Title	Credit Hours	Instructor's Last Name	Census Date	Date Entered Course	Instructor Signature

Student Signature: _____ **Date:** _____
 (For student initiated drops, student must either sign the form or documentation of student acknowledgment must be in Watermark, ie. Messages or Notes)

Instructor Signature: _____ **Date:** _____
 (Faculty should email complete Drop/Add forms to dropadd@alamancecc.edu. Incomplete forms will not be accepted.)

Academic Dean Signature (after 80% date or WH): _____ **Date:** _____

Course File Adjusted By: _____ **Date:** _____