



Dual Enrollment Add/ Drop/Withdraw Form

NAME: LAST	FIRST	INITIAL

STUDENT ID (OR SS NO)	TELEPHONE
	()

Students may add, drop or withdraw by completing and submitting this form.

Semester: Fall Winter Summer Year: _____

Students dropping or withdrawing are asked to provide the primary reason for the drop or withdraw by circling the appropriate letter.

A. FINANCIAL REASONS	H. COURSE LOAD TOO HEAVY
B. PERSONAL/FAMILY	I. COURSE TOO DIFFICULT
C. TRANSPORTATION	J. DISSATISFIED WITH INSTRUCTION
D. EMPLOYMENT CONFLICT	K. UNNECESSARY FOR PROGRAM
E. ATTENDANCE	L. MEDICAL
F. FAILING COURSE	
G. DISSATISFIED WITH CONTENT	

Students may add full semester course(s) prior to the second scheduled class meeting. Short courses, courses that only meet once a week and summer courses may not be entered once the class has met for the first time. Full semester online classes may be added up until the third day of the fall and winter semesters. Online courses for summer can be added up until the first day of the semester

ADD	Subject	Course Number	Sect. No.	Course Title (May also be completed online via myWebPAL)

Students may drop a class up until the end of the published 100% refund period (see website for dates). Dropped courses do not show up on the academic transcript.

DROP	Subject	Course Number	Sect. No.	Course Title (May also be completed online via myWebPAL)

Students may withdraw from a full semester course until the end of the 12th week of the semester (the withdraw date for short and summer courses are pro-rated).

WITHDRAW	Subject	Course Number	Sect. No.	Faculty Signature

- I understand that withdrawing from or dropping classes may have a significant impact on my financial aid and have communicated with financial aid.
- I understand I am required to communicate with my instructor(s) prior to withdrawing and provide proof of this communication to the Registrar's Office along with the completed withdraw form. Faculty signature on this form or a copy of electronic communication is required.
- The student is responsible for returning this form to the Registrar's Office by the drop/withdraw deadline.**

Counselor
Signature _____ Date _____

High
School _____

Student
Signature _____ Date _____

Parent Signature
or Phone/Email
Verification _____ Date _____

OFFICE USE ONLY	
RECEIVED: _____	_____
Initials	Date
PROCESSED: _____	_____
Initials	Date