



Alamance Community College

Drop/Add Form

PO Box 8000
 Graham, NC 27253
 Phone: 336-506-4270
 Fax: 336-506-4264
 Admissions@alamancecc.edu

Student ID Number:	Name	Last	First	M.I.	Circle if Applicable
					Jr. Sr. III
Term: 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer				Date: _____	

IF YOU RECEIVE FINANCIAL AID OR VETERAN'S BENEFITS, PLEASE READ AND SIGN BELOW

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 Signature:** _____

Why are you withdrawing from your course(s)?

Remarks:	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

Course Withdrawal									
To Be Completed By The Student:						To Be Completed By The Instructor:			
Course Information									
Prefix (Ex. ENG)	Number (Ex. 111)	Section (Ex. 01W)	Title	Credit Hours	Instructor's Last Name	Census Date	Grade* NA or WP	Last Date Attended	Instructor Signature

Instructor Comments: _____

* "NA" if never attended and dropped after census date * "WP" if dropped after census date but has last date of attendance

Course Addition								
To Be Completed By The Student:						To Be Completed By The Instructor:		
Course Information								
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, it is the student's responsibility to obtain appropriate signatures and submit completed form to the Student Success Office.)

Instructor Signature: _____ **Date:** _____

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

Course File Adjusted By: _____	Date: _____
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