

DROP/ADD FORM

Year _____

Term Fall Spring Summer

Name _____
(Last) (First) (M)

Student ID Number _____

DROP			
CRN#	Subject	Course #	Credit

REASON FOR DROP (Check all that apply)			
A. <input type="checkbox"/>	Too hard/bad grade	G. <input type="checkbox"/>	Moving
B. <input type="checkbox"/>	Didn't like course	H. <input type="checkbox"/>	Work conflict
C. <input type="checkbox"/>	Didn't like instructor	I. <input type="checkbox"/>	Canceled Class
D. <input type="checkbox"/>	Financial Difficulties	J. <input type="checkbox"/>	Other _____
E. <input type="checkbox"/>	Personal Problems/Illness		_____

ADD					FOR OFFICE USE ONLY
CRN#	Subject	Course #	Credit	Instructor's Signature	
					Credits remaining _____

I have read and understand DMACC DROP/ADD refund procedures printed in the credit schedule, and will retain my copy of this form for my records.

Signature (Required) _____ DATE _____

Please submit the completed form to Student Services Registration Staff