

ADD/DROP FORM (Revised 9/16)

DUTCHESS COMMUNITY COLLEGE OFFICE OF THE REGISTRAR

Office Initial _____

NAME _____ HOUSING STUDENT Yes No SEMESTER _____
LAST FIRST MI
 STUDENT ID NUMBER: **A** _____ DATE INITIATED _____ DATE COMPLETED _____

DROP

ADD

CRN LEC	CRN LAB	COURSE	SECT	CR	PART of TERM	CRN LEC	CRN LAB	COURSE	SECT	CR

REQUIRED SIGNATURES:

TOTAL CREDITS: PRIOR TO CHANGE _____ AFTER CHANGE _____

 ADVISOR / REGISTRAR REPRESENTATIVE

 STUDENT ACCOUNTS

 FINANCIAL AID

Having reviewed the accuracy of this information, I understand that a drop in credits may affect current or future financial aid eligibility or eligibility for personal health insurance. I will refer to the College Catalog for the refund policy.

STUDENT SIGNATURE (Not required for administrative drops of failed prerequisites.)

FOR OFFICE USE ONLY:

DELETE: 100% 75%
 WITHDRAW: 50% 25% 0%
 ADM. WITHDRAW: _____% _____