

Howard College

Dual Credit Drop/Add Form



Student Information: (Please fill in completely)

Last Name _____ First Name _____ Middle Initial _____

Student ID: _____ Social Security Number: _____

Reason for add/drop

- | | | |
|--|---|---|
| <input type="checkbox"/> Computer/Technical Difficulties | <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Do Not Need Course |
| <input type="checkbox"/> Student Illness | <input type="checkbox"/> Family Illness | <input type="checkbox"/> Family Death |
| <input type="checkbox"/> Instructional Issues | <input type="checkbox"/> Student Work Schedule Change | |
| <input type="checkbox"/> Other (Provide Reason) _____ | | |

Term Information

_____ Term Code

Regular _____ Currently Enrolled	Flex _____ Currently Enrolled	Mini (3 Week) _____ Currently Enrolled
(16 Week) _____ Being Dropped	(shorten _____ Being Dropped	_____ Being Dropped
_____ Adjusted Hours	w/in term) _____ Adjusted Hours	_____ Adjusted Hours
_____ Total Remaining Hrs		

	Course ID (Ex: SPCH1315)	Section	Beginning & Ending Dates	Instructor Name
ADD/DROP				
ADD/DROP				
ADD/DROP				
ADD/DROP				

Indicate if Student is Clear from your Department

_____ Student Services (if applicable)

_____ Financial Aid

Student status:

OK Warning Suspension

_____ Business Office

Student Signature

Advisor Signature

Admissions Office Use Only

Admission Personnel Signature _____ Date _____