

WAYCROSS COLLEGE – DROP / ADD FORM

NAME: _____ Student ID No: _____
Last First Middle

I wish to make the following change(s) to my registration for the _____ Semester, _____ Year

COURSE(S) TO BE ADDED:

CRN No.	Class	Sect	Hours Credit	Instructor's Signature

COURSE(S) TO BE DROPPED:

CRN No.	Class	Sect	Hours Credit	Grade	Instructor's Signature

Total Credit Hours With Changes: _____

Advisor's Signature: _____

Date: _____ Student Signature: _____

Are you receiving Financial Aid? Yes No
 If yes, must obtain approval of the Director of Financial Aid.

_____ Date: _____
Office of Student Records

_____ Date: _____
Office of Financial Aid / Veterans Affairs

Are you receiving the V.A. Educational Benefits? Yes No
 If yes, must obtain approval of the Director of Financial Aid.

_____ Date: _____
Academic Dean (Required after mid-term)