

DROP, ADD, & WITHDRAWAL FORM

SOUTH ARKANSAS COMMUNITY COLLEGE

Student Services Fax Number 870-864-7137

—PLEASE PRINT CLEARLY AND FIRMLY IN INK—

RETURN COMPLETED FORM WITH ALL COPIES TO THE REGISTRAR'S OFFICE

NAME: _____ STUDENT ID NO: _____

TERM: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____ FIRST _____ SECOND _____ LONG _____

	Course No.	Section	Course Title
TO DROP			

	Course No.	Section	Course Title	Days	Time	Instructor's Signature
TO ADD						

<u>Reason for Withdrawal</u>	
Personal (state reason) _____	
Academic (state reason) _____	
<input type="checkbox"/> Transportation <input type="checkbox"/> Log in/internet issues <input type="checkbox"/> Changes in work schedule <input type="checkbox"/> Death of a family member	
<input type="checkbox"/> Serious illness – self or family member (circle one) <input type="checkbox"/> Moving from area <input type="checkbox"/> Active Duty (Self/Family)	
Hours enrolled before change _____	Hours enrolled after change _____
Advisor's Signature _____	Financial Aid's Signature _____
Student's Signature _____	Date _____

white copy Registrar yellow copy Student