

# 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\_\_\_\_\_

<b>TO DROP</b>	Course No.	Section	Course Title

<b>TO ADD</b>	Course No.	Section	Course Title	Days	Time	Instructor's Signature

<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 \_\_\_\_\_