

**COURSE DROP/ADD FORM**

**Instructions**

- Complete the sections below and submit a copy of the completed form to the CE Registrar
- Drop Only: Send an additional copy to the CE staff at the campus location where the course is scheduled
- Drop/Add: Send an additional copy to CE Staff at both the dropped course campus location and the added course campus location

**Date Completed:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_ **Student First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Method of Payment:**    Cash/Check    Credit/Debit Card    Third Party   **Class Start Date:** \_\_\_\_\_

**Reason for Drop (required):**

- |  |   |
|--|---|
| <input type="checkbox"/> 1) Cancelled or rescheduled course          | <input type="checkbox"/> 8) Need to change form of payment        |
| <input type="checkbox"/> 2) Course content did not match description | <input type="checkbox"/> 9) Not challenging enough                |
| <input type="checkbox"/> 3) Course load too demanding                | <input type="checkbox"/> 10) Registration or administrative error |
| <input type="checkbox"/> 4) Course no longer needed                  | <input type="checkbox"/> 11) Schedule conflict: family commitment |
| <input type="checkbox"/> 5) Course or program application rejected   | <input type="checkbox"/> 12) Schedule conflict: work              |
| <input type="checkbox"/> 6) Emergency - illness/death/other          | <input type="checkbox"/> 13) Technical difficulty                 |
| <input type="checkbox"/> 7) Enrolled in wrong class                  | <input type="checkbox"/> 14) Too advanced                         |

**DROP**      *Drop Only*

**Course No.** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Reg/Fees \$:** \_\_\_\_\_

**ADD**

**Course No.** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Reg/Fees \$:** \_\_\_\_\_

**REFUND GUIDELINES**

Yes  No  Did the student prepare **and** request a refund **prior** to the first day of class? (Eligible for Full refund)

Yes  No  Did the student prepay **and** request a refund **on the first day** of class? (Eligible for 75% refund)

Yes  No  For classes scheduled to meet five or more times, did the student **withdraw and request a refund prior to:**  
                   10% Occupational Class                    10% Community Service Class  
                   10% Date \_\_\_\_\_                    10% Date \_\_\_\_\_ (Eligible for 75% refund)

**STAFF SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For CE Registrar Only:*  
**CE REGISTRAR'S SIGNATURE:** \_\_\_\_\_ **Refund Date:** \_\_\_\_\_