Central Carolina Community College  
Continuing Education DROP/ADD/REFUND Form (Revised 03/2014)

(Top portion to be completed by the Student and/or the Instructor).

DATE Completed by Student: ___________________ Social Security Number or Student ID: __________________________

NAME: ________________________________________________________________________________________________

(First) (Middle/Maiden) (Last)

Mailing Address: __________________________________________________________________________________________

Home Phone: (___) ______________ (zip) ______________ Work Phone: (___) ______________

This portion completed by the Director/Coordinator

DROP: ________________________ ADD: ________________________

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<th>Course Number/Title</th>
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<th>Course number/Title</th>
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Instructor/Director Signature Verifying information Date

CENTRAL CAROLINA COMMUNITY COLLEGE  
CONTINUING EDUCATION WITHDRAWAL/REFUND FORM (REVISED 03/2014)

_____ YES _____ NO Did the student prepay 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 that are scheduled to meet five or more times, did the student withdraw and 
Request a refund prior to the: (Eligible 75%)

10% Occupational Class  20% Community Service Class

10% Date______________  20% Date__________________

Withdrawal confirmed by: ___________________________________________________________________________ Date:______________

________________________________________________________ Director/Coordinator Signature

To Business Office:

Please send a refund in the amount of $________________________to the above student.