JOHNSTON COMMUNITY COLLEGE  
DROP/ADD FORM  

Name ________________________________________        Date_________________  
Last                         First  Middle  

Student ID#______________________________    Date of Birth_________________  
or Last 4 Digits of SS#  

Term  
Program___________________________  ____Fall _____Spr ____Sum  

**DROP**  

* Required Fields  

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<tr>
<th>*Course Prefix</th>
<th>*Course Number</th>
<th>*Section Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
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Student Signature    Instructor/Authorized Signature  

Last Date of Attendance_______________  

REASON FOR WITHDRAWAL  
(Please check one.)  

___ 1. Employment  
___ 2. Illness (personal or family)  
___ 3. Relocation  
___ 4. Course too difficult  
___ 5. Course load too heavy  
___ 6. Dissatisfied-Instruction  
___ 7. Transfer to another school  
___ 8. Death in family  
___ 9. Administrative drop  
___10. Personal  
___11. Other  

Did you accomplish your goal(s) for attending Johnston Community College?  
(Please check one.)  

___1. Yes, completely  
___2. No, partially  
___3. No  

I acknowledge that I will be receiving a 75% refund.  

************************************************************************

Office Use Only  

Revised: 5/12