JOHNSTON COMMUNITY COLLEGE
DROP/ADD FORM

Name _____________________________________________        Date____________________
Last                         First  Middle

Student ID#__________________________________    Date of Birth____________________

Program______________________________  Term:  Fall _____  Spring ____ Summer_____

Please be aware that making changes to your class schedule could impact your financial aid award.

DROP

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<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

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

___ 1. Yes, completely
___ 2. No, partially
___ 3. No

************************************************************************
Office Use Only

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

_________________________________________________________

Revised: 6/14