

BLACKFEET COMMUNITY COLLEGE

Drop / Add Form



STUDENT'S NAME: _____ Student I.D. _____

*INSTRUCTIONS: Fill in all information completely or schedule will remain unchanged. **Secure Signatures from your academic advisor and instructor.** Take completed form to Registrar's Office for final processing.*

Fall Semester _____ Spring Semester _____ Summer Session _____

DROP (✓)	ADD (✓)	COURSE NUMBER	COURSE TITLE	CREDITS	INSTRUCTOR INITIALS	LAST DATE OF ATTENDANCE (IF DROPPING)	REASON

REFUND POLICY: See current college catalog

STUDENT ADVISOR SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

REGISTRAR INITIALS: _____ **DATE:** _____ **FAO INITIALS:** _____ **DATE:** _____ **TOTAL CREDITS:** _____

Reminder!!! Please make sure to include the Section to the Course Number or your form will not be processed.