



BLACKFEET COMMUNITY COLLEGE

Drop / Add Form

STUDENT'S NAME: _____ Student ID #: _____

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

Fall Semester _____ Spring Semester _____ Summer Semester _____

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.