



J \_\_\_\_\_

## Drop/ Add Form

Semester:  Spring  Summer  Fall  Winter 20 \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID Number: J \_\_\_\_\_

Student Signature: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_

**Adjustments to the student's schedule may affect financial aid and/ or billing. The student may request counseling from a Financial Services counselor at Jefferson Community College regarding financial aid, including student loans, and billing prior to processing this drop / add request. The student is responsible for all college related financial obligations.**

### DROP:

### ADD:

CRN	Course	Reason		CRN	Course	Comments

Processed by: \_\_\_\_\_  
Student Records Initials      Date

Credit hours \_\_\_\_\_ and \_\_\_\_\_  
Before                      After