

U of A Rich Mountain
Student Drop/Add Form
Fall Spring Summer I II

YEAR

SS# _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Drop/Add	Course Number	Course Name	Instructor Initials

Student Signature: _____ **Date:** _____

FINANCIAL AID: _____
THIS FORM MUST BE SIGNED BY A FINANCIAL AID REPRESENTATIVE BEFORE STUDENT IS DROPPED FROM CLASS.

CAREER PATHWAYS: _____
IF STUDENT IS A CAREER PATHWAYS CLIENT, THIS FORM MUST BE SIGNED BY A CAREER PATHWAYS REPRESENTATIVE BEFORE STUDENT IS DROPPED FROM CLASS.

STUDENT SUPPORT SERVICES: _____
VERIFY THAT STUDENT HAS RETURNED ALL MATERIALS ASSOCIATED WITH DROPPED CLASS.

BOOKSTORE: _____
BOOKS ASSOCIATED WITH DROPPED CLASS MUST BE RETURNED TO THE BOOKSTORE BEFORE STUDENT IS DROPPED FROM CLASS.

*****IMPORTANT*****

Withdrawal is not official until completed form is returned to the Registrar's Assistant.

 Office Signature

 Date Returned