



Camden County College Drop/Add Form

Student ID Number: _____

Legal Name: _____
Last First Middle

Semester: _____ Year: _____

- Fall
- Spring
- Summer

Home Address: _____
Number Street

City State Zip County

Telephone: Home: _____ Business: _____ Email Address: _____

Check here if your address, email, or phone number has changed since you last registered

Drops

Adds

1	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	1	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____
2	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	2	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____
3	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	3	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____
4	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	4	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____
5	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	5	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____
6	Session: _____	Course Number: [][][] - [][][] - [][][][]	DROP	6	Session: _____	Course Number: [][][] - [][][] - [][][][]	ADD
	Title: _____		Credits: _____		Title: _____		Credits: _____

Please check the primary reason for changing your schedule:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Teacher Preference | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Inconvenient Time | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Changed Mind | <input type="checkbox"/> Other |
| <input type="checkbox"/> Too difficult | |

FOR OFFICE USE ONLY:

- Cancelled Course
- Institutional Change _____
- Other _____

Refund Percentage: 100% 50% 0%

Processing Fee: YES NO

Processed by: Registrar _____ Business Office _____

Date: _____ Date: _____

Student's Signature

Date