

# WNCC Drop/Add Form

		TERM	
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MID	STUDENT NO.

## ADD SECTION

CLASS NUMBER	COURSE TITLE	CR.	TIME	DAYS	ROOM

## DROP SECTION

CLASS NUMBER	COURSE TITLE	GRADE	INSTRUCTOR SIGNATURE

CHECK FOR TOTAL DROP

### REASONS FOR DROP: (PLEASE CIRCLE ALL THAT APPLY)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Armed forces commitment</li> <li>Medical</li> <li>Moving</li> <li>Missed 50% or less of classes</li> <li>Did not complete one assignment</li> <li>Did not complete more than 3 assignments</li> <li>Failed more than 50% of quizzes/tests</li> <li>Cheating/plagiarism</li> <li>Financial aid eligibility issues</li> </ul> | <ul style="list-style-type: none"> <li>Course load too heavy</li> <li>Family issues/child care</li> <li>Change in work status</li> <li>Missed more than 50% of classes</li> <li>Did not complete 2-3 assignments</li> <li>Failed 50% or less of quizzes/tests</li> <li>Incarcerated</li> <li>No show</li> </ul> |
|--|---|

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCIAL AID SIGNATURE

OFFICE USE
ENTERED BY _____
DATE _____

\_\_\_\_\_  
RESIDENCE LIFE COORDINATOR SIGNATURE  
(IF APPLICABLE)

RETURN COMPLETED FORM TO STUDENT SERVICES