



DROP/ADD OR WITHDRAWAL



Student Name: _____ Year & Semester: _____

Student ID #: _____ SS# (Optional): _____ Campus: _____

CLASSES TO BE DROPPED

CLASSES TO BE ADDED

PeopleSoft #	Course #	Section #	Credit	Grade	KYVU Class (Y/N) & College	Instructor Initials	Last Date of Attendance		PeopleSoft #	Course #	Section #	Credit	Instructor Initials

Check all that apply to you: Academic Probation Veteran Consortium WIA (EKCEP) Voc-Rehab Ready To Work (KTAP)

Drop/Withdraw from all classes? No Yes If YES, Early Leaver Survey must be completed. _____

Authorized Counselor Signature

If you receive Financial Aid, you must see a representative from the Financial Aid Office prior to processing: _____

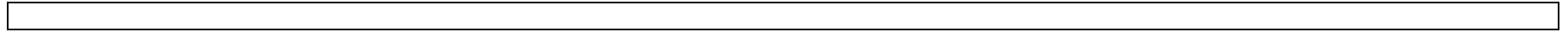
Authorized Financial Aid Signature

Student's Signature
Advisor's Signature
Processed By
Date Processed

OFFICE USE ONLY

Term: _____ Hours Before: _____ Hours After: _____ Note: _____

REFUND: _____ % Effective Date _____ Approved By: _____



Revised 10/15/ 10