

DROP, ADD, & WITHDRAWAL FORM
Black River Technical College
-- PLEASE PRINT CLEARLY --
RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE

NAME: _____ SOCIAL SECURITY NUMBER: _____

TERM: FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____

DROP CLASS(ES) **OR WITHDRAWAL FROM COLLEGE**

Line Number	Course Title	Days	Time

I understand that by dropping or withdrawing from class(es) I will be responsible for payment of any balance on my student account. Please reference "Tuition Refund Policy" in the College Catalog.

Student Signature: _____ Date: _____

ADD CLASS(ES)

Line Number	Course Title	Days	Time

I understand that by adding a class(es) to my current schedule, I am required to pay additional tuition and fees on the same day or I will be dropped.

Student Signature: _____ Date: _____

Reason for change/withdrawal: _____

OFFICE USE ONLY				
Data Entry _____	Entered _____	Date _____		
Credit to Audit _____	Audit to Credit _____			
PELL _____	TAA _____	WIA _____	REHAB _____	VOC REHAB _____
Hours enrolled before change _____	Hours enrolled after change _____			

Student Account Payment Center Signature: _____

Director of Financial Aid Signature: _____

Registrar's Signature: _____