NCTC

DROP / ADD

Student's Name: _____ Date: _____
FIRST   MIDDLE   LAST

Student ID: _____ DOB:_____/_____/_____ Semester/Yr: _____
MONTH   DAY   YEAR

How many credit hours are you currently enrolled in? _____

How many credit hours will you be enrolled in after this form is processed? _____

Are you dropping a VCT course? ❏ YES   ❏ NO

NOTE: If course(s) being dropped/added includes a lab, it must also be listed below.

DROP

COURSE	ID	SEC	TERM/YR	DESCRIPTION	INSTRUCTOR'S NAME

ADD

COURSE	ID	SEC	TERM/YR	DESCRIPTION	INSTRUCTOR'S NAME

STUDENT SIGNATURE: _____ DATE: _____

RECEIVED	PROCESSED
DATE: _____	DATE: _____
BY: _____	BY: _____
TERM: _____	

APR/2016