

Stanly Community College Drop/Add Form

Student's full Legal Name (print): _____

Student Signature: _____ Social Security Number _____

Current Date: _____ Semester/Year _____

Student Address: _____
(Street, PO Box, Route No.) (City) (State) (Zip)

Major/Program: _____ Credit/Contact Hours _____ / _____
Before After

Check Reason For Drop or Withdrawal:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment Conflict | <input type="checkbox"/> Financial Difficulty | <input type="checkbox"/> Child Care Problem |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Relocation (moving out of area) | <input type="checkbox"/> Health Problem |
| <input type="checkbox"/> Family Problem | <input type="checkbox"/> Lack of Interest | <input type="checkbox"/> Academic (under prepared) |
| <input type="checkbox"/> Other (please explain) _____ | | <input type="checkbox"/> Lack of Attendance |

Check if you are receiving any of the following types of financial aid: PELL grant JTPA Scholarship

VA benefits College Work Study Other (Explain: _____)

Course		Sec. No.	Course Title	Check		Last Day of Attendance	Grade NA or W	Instructor's Initials
Prefix	Number			Drop	Add			

Advisor's Signature _____

Charge or Refund	
Description	Amount
Tuition	
SGA Fee	
SBA Fee	
Lab Fee	
Other	
Total Amount	

Send to FA Office _____
Date Initial

Withdrawal Processed _____
Date Initial

Computer Processed _____
Date Initial

Director of Records Approval _____

_____ Charges Due _____ Refund Due

Business Office Approval _____