

KENAI PENINSULA COLLEGE



ADD/DROP/WITHDRAWAL FORM

Semester: _____

_____ Student id number _____

(LAST) (FIRST) (MI)

_____ MAILING ADDRESS _____

CITY STATE ZIP

HOME PHONE DAY PHONE

Are you receiving financial aid? Y N If Yes, you need:
Financial Aid Signature _____

Reasons for Dropping/Withdrawal

- 1) Not enough time to devote
- 2) Don't understand material
- 3) Financial reasons
- 4) Work conflict
- 5) Too many credits
- 6) Daycare issues
- 7) Other: _____

If **total withdrawal**, you need:
Counselor's Signature _____

REGISTRATION USE

DATE ENTERED _____

INITIALS _____

NOTES

ACCOUNTING OFFICE USE

DATE _____

CASHIER _____

FEES	AMOUNT
IRTL	_____
IRTU	_____
IRTG	_____
NR Surcharge	_____
Lab Fee	_____
SAF	_____
Drop Fee	_____
Admission Fee	_____
TOTAL	_____
Fin Aid	_____

ADD When adding courses use # of credits, or "A" for audit

CRN	SUBJ	CRS #	SEC	COURSE TITLE	CREDIT/AUDIT	INSTRUCTOR SIGNATURE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DROP/WITHDRAWAL When dropping/withdrawing, please insert reason code by number.

CRN	SUBJ	CRS #	SEC	COURSE TITLE	CREDIT/AUDIT	REASON #	INSTRUCTOR SIGNATURE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
TOTAL CREDITS AFTER CHANGE S					_____		

CREDIT/AUDIT CHANGES When changing please mark whether you are changing to credit or audit.

CRN	SUBJ	CRS #	SEC	COURSE TITLE	AUDIT	CREDIT	INSTRUCTOR SIGNATURE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

KEEP YOUR RECEIPTS

CASH: _____

CHECK: _____

VISA: _____

M/C: _____

DISC: _____

EXP DATE: _____

***See reverse for withdrawal policy

If total withdrawal please check box.

Student Signature: _____

Date: _____