PLEASE COMPLETE THE ENTIRE FORM

FORT PECK COMMUNITY COLLEGE
DROP/ADD FORM

TERM: **Fall** **Spring** **Summer** **YEAR:**_____

NAME:_____ **SS#:**_____/_____/_____
Last *First* *MI*

ADD

DEPT	NUMBER	COURSE TITLE	CR.	INSTRUCTOR

DROP

DEPT	NUMBER	COURSE TITLE	CR.	INSTRUCTOR

REASON(s) FOR WITHDRAW

____Child Care
____Employment
____Financial
____Medical
____Military Duty
____Time conflict
____Transfer
____Transportation
____Other *(please specify other reason)*

_____
_____
_____

_____Check here to withdraw from all classes

SIGNATURES (In the following order)

Student:_____ **Date:**_____

Advisor:_____ **Date:**_____

Billing/Bookstore:_____ **Date:**_____

Financial Aid:_____ **Date:**_____

Registrar:_____ **Date:**_____