FORT PECK COMMUNITY COLLEGE
DROP/ADD FORM
TERM: Fall Spring Summer YEAR:_____

NAME: ______________________________________________________________

SS#: ______/______/_______ Last    First    MI

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<th>DEPT</th>
<th>NUMBER</th>
<th>COURSE TITLE</th>
<th>CR.</th>
<th>INSTRUCTOR</th>
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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: ______________

Drop/Add form

revised 6/11