

FORT PECK COMMUNITY COLLEGE

Add Drop Form

INCOMPLETE FORMS WILL NOT BE PROCESSED

Name _____ Date _____
 Semester _____ Year _____ Advisor _____

DEPT	NUMBER	COURSE TITLE	CR.	INSTRUCTOR

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CHECK HERE IF WITHDRAWING FROM ALL CLASSES FOR THE SEMESTER.

Reason(s) for Withdraw

- | | |
|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Military Duty |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Time Conflict |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other (please specify) _____ | |

SIGNATURES (Students: please get the signatures in the following order)

Student Signature **Date**

Advisor Signature

Date

Bookstore Signature

Date

Financial Aid Signature

Date

Registrar Signature

Date