

COURSE ADD/WITHDRAWAL FORM

This form must be completed and returned to the Registrar's Office (UC 215). Failure to return the completed form will result in a failing grade for the enrollment period selected and course(s) listed below. Student acknowledges by signing this form that they are responsible for any outstanding charges, unfulfilled payment plans, or loss of aid that may result from the dropping of course(s).

Enrollment Period: Fall Spring Intersession Summer I Summer II Year: _____

Select Type Of Withdrawal:

- Partial Withdrawal (I wish to withdraw from one or more courses, but not all my courses)
- Complete Withdrawal (I wish to withdraw from all my courses)

Name: _____ Student I.D. No.: _____
(Last Name) (First Name)

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip) (County)

Signature: _____ Date: _____
(Student)

Add	Drop	Line No.	Course No.	Course Title	Instructor
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

IN THE ORDER LISTED BELOW, you must receive the following signatures before your withdrawal will be processed.

1. Signature: _____ Date: _____
(Advisor or Division Chair)

2. If this is a complete withdrawal, you must have a signature from the library. If not, proceed to number 3.

Signature: _____ Date: _____
(Library)

3. Changes to enrollment status can have an effect on your ability to receive federal, state, and institutional aid as well as Veteran's Benefits and other forms of aid.

Signature: _____ Date: _____
(Financial Aid)

All delinquent balances at the end of term are subject to be sent to third party collections service and state tax set-aside program unless current payments are kept up to date.

4. Signature: _____ Date: _____
(Student Accounts)

OFFICE USE ONLY

ADMINISTRATIVE CHANGES
 Approved: Yes No

- Pell Loan Veteran's Benefits

Registrar's Office Stamp
 Indicates Effective Date

Approved by: _____

Other: _____

Date: _____

Hours Remaining: _____

REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uacccm.edu

