

DROP, ADD, & WITHDRAWAL FORM

SOUTH ARKANSAS COLLEGE

Student Services Fax Number 870-864-7137

—PLEASE PRINT CLEARLY AND FIRMLY IN INK—
RETURN COMPLETED FORM WITH ALL COPIES TO THE REGISTRAR'S OFFICE

NAME: _____ STUDENT ID NO: _____

TERM: FALL 20_____ SPRING 20_____ SUMMER 20_____ FIRST_____ SECOND_____ LONG_____

TO DROP	Course No.	Section	Course Title

TO ADD	Course No.	Section	Course Title	Days	Time	Instructor's Signature

<u>Reason for Withdrawal</u>	
Personal (state reason) _____	
Academic (state reason) _____	
<input type="checkbox"/> Transportation <input type="checkbox"/> Log in/internet issues <input type="checkbox"/> Changes in work schedule <input type="checkbox"/> Death of a family member	
<input type="checkbox"/> Serious illness – self or family member (circle one) <input type="checkbox"/> Moving from area <input type="checkbox"/> Active Duty (Self/Family)	
Hours enrolled before change _____ Hours enrolled after change _____	
Advisor's Signature _____ Financial Aid's Signature _____	

Student's Signature _____ Date _____