

## DROP/ADD/WITHDRAWAL FORM

ID #: \_\_\_\_\_

PLEASE PRINT

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name:	First Name:	M.I.
Address:		
City and State:	Zip:	County of Legal Residence:
Home Phone:	Alternate Phone:	
E Mail Address:		

<b>SEMESTER: (check one)</b>	
YEAR: _____	
FALL: _____	
SPRING: _____	WINTERIM: _____
SUMMER: I _____	II _____

 ARE YOU A NEW JERSEY STARS STUDENT:  YES  NO

DROP/WITHDRAWAL				ADD			
COURSE and NUMBER	SECTION NUMBER	COURSE NAME	CREDITS	COURSE and NUMBER	SECTION NUMBER	COURSE NAME	CREDITS
<b>TOTAL CREDITS DROPPED</b>				<b>TOTAL CREDITS ADDED</b>			

**IF YOU WITHDRAW/DROP AND ARE NOT ENROLLED FOR AT LEAST 12 CREDITS, YOU WILL NOT BE CONSIDERED FULL-TIME.**

Faculty/Dean/Dept. Chair Signature (If Needed): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

My signature indicates that I accept responsibility for payment of all tuition and fees in accordance with posted fee payment schedules. I understand the refund policies printed in the Student Handbook. I authorize Sussex County Community College, under its guidelines and procedures, to enforce all their non-payment policies. I agree to be responsible for all collection fees and penalties associated with failure to make payments as requested. Payable at the Bursar's Office, in person or online at sussex.edu

 I have read and agree to the above Sussex County Community College registration policies.

**Note:** Students receiving financial aid must stop in the Financial Aid Office to determine if the drop/withdrawal will have an effect on aid.

### REGISTRAR OFFICE USE ONLY

\_\_\_\_\_ Credit(s) 100% Refund, Plus Fees

\_\_\_\_\_ Even Exchange of Credits

\_\_\_\_\_ Credit(s) 50% Refund, Tuition Only

\_\_\_\_\_ Credit(s) Added

\_\_\_\_\_ Credit(s) Canceled Course

\_\_\_\_\_ Added Lab Fee Only

\_\_\_\_\_ Refund Lab Fee Only

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

 Past Refund Period  
 Grade: **W**

Date: \_\_\_\_\_

Initial: \_\_\_\_\_