

# ADD/DROP FORM

Niagara County Community College  
Office of Registration & Records

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

Student Name: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

For office use only: <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____ <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Winter 20_____  Processed by _____ (initials)
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- This is not a total Withdrawal form. If attempting to withdraw from ALL courses for a particular term, you will need to fill out the Request for College Withdrawal Form.
- Use this form to add an individual course and/or to drop (withdraw) from individual courses.
- Be aware of the following refund policy:

**Fall, Spring and Summer Full Term\***

100% Refund prior to start of term  
 75% Refund during week one of term  
 50% Refund during week two of term  
 25% Refund during week three of term  
 0% Refund after week three of term

**Summer Session I and II (6 weeks)\***

100% Refund prior to start of term  
 25% Refund during first week of term  
 0% Refund after first week of term

**Winter Full Term\***

100% Refund prior to start of term  
 25% Refund through day 2  
 0% Refund on/after day 3

\*Modular classes have varying refund dates

<b>DROP</b>	CRN#	Subj (i.e. ENG)	Course# (i.e. 101)	Course Title

**If you wish to add more than one course, you must complete individual Add/Drop forms for each course.**

**\*\*\* Lecture/lab/clinical may be listed together on one form (ex. BIO 213 & BIO 213L) \*\*\***

<b>ADD</b>	CRN#	Subj (i.e. ENG)	Course# (i.e. 101)	Course Title	Pre-Req/Co-Req waiver (advisor initials)

*I fully accept any academic, financial aid, and/or financial consequences that MAY occur as the result of adding and/or dropping from the above coursework as of this date. I understand that dropping below full time may impact my ability to live on-campus and/or participate in athletics.*

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

Date \_\_\_\_\_

**Approval for a course overload:**

Instructor Signature: \_\_\_\_\_

Date \_\_\_\_\_

(if requested by Division Chairperson)

Division Chairperson Signature: \_\_\_\_\_

Date \_\_\_\_\_