



# Drop/Add Form

Caldwell Community College  
& Technical Institute  
2855 Hickory Blvd. Hudson, NC 28638

Semester: 20\_\_\_\_\_

- Fall
- Spring
- Summer

**Please press firmly.** This form must be filled out **completely** (including all signatures).  
Refunds will be issued in accordance with the North Carolina Administrative Code.

Legal Name: (Last)	(First)	(Middle)	Student ID No.
Mailing Address		City	State
			Zip Code

<b>Reason for change:</b>		<b>Reason for absences:</b>	
<input type="checkbox"/> Changed my mind	<input type="checkbox"/> Course too difficult	<input type="checkbox"/> Child Care Problems	<input type="checkbox"/> Employment
<input type="checkbox"/> Changed Program	<input type="checkbox"/> Dissatisfied-instruction	<input type="checkbox"/> Illness	<input type="checkbox"/> Death in the family
<input type="checkbox"/> Course not what expected	<input type="checkbox"/> Prerequisite not met	<input type="checkbox"/> Transportation	<input type="checkbox"/> Relocation
<input type="checkbox"/> Course load too heavy	<input type="checkbox"/> No Financial Aid	<input type="checkbox"/> Military Deployment	<input type="checkbox"/> Personal
<input type="checkbox"/> Textbook cost	<input type="checkbox"/> Misadvised	<input type="checkbox"/> Transfer to another school	<input type="checkbox"/> Money

**DROP** \* Excessive withdrawals have the potential to impact a student's financial aid and/or health insurance.

Course No.	Sec. No.	Credit Hrs.	Instructor's Signature (after semester begins)	Last Date Attended
<b>Credit Hrs. Dropped</b>				

**ADD**

Course No.	Sec. No.	Credit Hrs.	Vice President's Signature (after semester begins)
<b>Credit Hrs. Added</b>			
<b>Total Credit Hrs. Before Change</b>			
<b>Total Credit Hrs. After Change</b>			

\_\_\_\_\_

Student Signature Date

\_\_\_\_\_

Advisor Signature Date

**Office Use Only**

Refund Owed Student: _____	Keyed by: _____	Received Date: _____	Initials: _____
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