



Add/Drop Request Form

Please Print:

Student ID #: _____ Date: _____

Name: _____
(Last) (First) (Middle Initial)

Office Use Only

Date Received: _____

Date Entered: _____

Operator: _____

Program Major: _____ Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

If you wish to **DROP** a course, please complete the following:

Dept./Course #	Sec.	Course Title	Credits

If you wish to **ADD** a course, please complete the following:

Dept./Course #	Sec.	Course Title	Credits

Fee adjustment if appropriate:

CREDIT LOAD PRIOR TO CHANGE	CREDIT LOAD AFTER CHANGE	DIFFERENCE
		+ or -

Total Drop? ☐ Yes ☐ No

If yes, do you plan to return to DCTC in the next year? ☐ Yes ☐ No

Reasons for drop/course cancelled: _____

1. It is recommended that you confer with your advisor or counselor as part of the drop/add process.
2. YOU are responsible for completing the drop/add process. You are NOT automatically removed from a class by not attending.
3. The deadline for ADDING and DROPPING classes is the 5th business day of each semester, with the exception of late starts. Check the college calendar for specific dates on line at www.dctc.edu.

Student: _____ Date: _____
(Signature)

Advisor (required): _____ Date: _____
(Signature)

Please return completed form to registration@dctc.edu