

COURSE ADD/WITHDRAWAL FORM

This form must be completed and returned to the Registrar's Office (UC 215). Failure to return the completed form will result in a failing grade for the enrollment period selected and course(s) listed below.

Enrollment Period: Fall Spring Intersession Summer I Summer II Year: _____

Select Type Of Withdrawal:

- Partial Withdrawal** (I wish to withdraw from one or more courses, but not all my courses)
 Complete Withdrawal (I wish to withdraw from all my courses)

Student Name: _____ Student I.D. No.: _____

Signature: _____ Date: _____
 (Student)

Add	Drop	Line No.	Course No.	Course Title	Instructor
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

IN THE ORDER LISTED BELOW, you must receive the following signatures before your withdrawal will be processed.

1. Signature: _____ Date: _____
 (Advisor or Division Chair)

2. **If this is a complete withdrawal, you must have a signature from the library.
 If not, proceed to number 3.**

Signature: _____ Date: _____
 (Library)

3. **Did you receive any type of financial aid this semester?** Yes No
If yes, you must go to the Financial Aid Office. If no, proceed to number 4.

Signature: _____ Date: _____
 (Financial Aid)

4. Signature: _____ Date: _____
 (Student Accounts)

**ATTENTION: If this is a complete withdrawal, you will receive a withdrawal survey in the mail.
 Information gathered from the survey will be used to better serve our students.**

OFFICE USE ONLY

ADMINISTRATIVE CHANGES APPROVED
 YES NO

Approved by: _____

Date: _____

ADV. _____

FINANCIAL AID REPAY AMOUNT
 (IF REQUIRED)

\$ _____

Registrar's Office Stamp
 Indicates Effective Date

REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

