



STUDENT INITIATED DROP/ADD FORM

EL PASO COMMUNITY COLLEGE
 P.O BOX 20500 • EL PASO, TEXAS 79998

ID	DOB	YR/SEM	REG#
NAME			<p>NOTE Withdrawal date will be based on Registrar's Office stamped date or postmarked date</p> <p>Veteran or Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FA signature _____</p>
ADDRESS			
CITY	STATE	ZIP CODE	
REASON FOR CHANGE: _____			

D R O P	CRN	Course Prefix & Number	Last Day Attended	A D D	CRN	Course Prefix & Number	

OFFICE USE ONLY <input type="checkbox"/> Cancelled Class <input type="checkbox"/> Administrative Action <input type="checkbox"/> Add <input type="checkbox"/> Drop	Waiver <input type="checkbox"/> add/drop fee \$ _____ <input type="checkbox"/> late registration fee <input type="checkbox"/> other
Authorized Signature _____	Date _____

X _____

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

RECORDS OFFICE SIGNATURE _____ DATE _____

BUSINESS OFFICE SIGNATURE _____ DATE _____