

FORT PECK COMMUNITY COLLEGE

ADD DROP FORM

INCOMPLETE FORMS WILL NOT BE PROCESSED

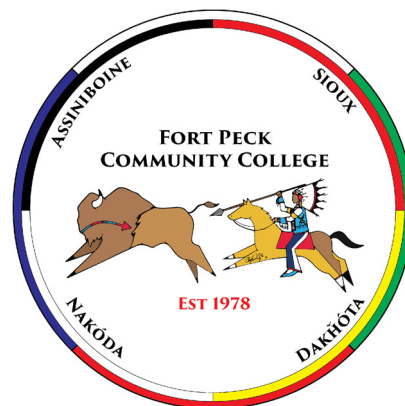
Date _____

Student _____

Student ID _____

Year/Term _____

Advisor _____



DEPT	NUMBER	ADD	CR.	INSTRUCTOR

DEPT	NUMBER	DROP/WITHDRAWAL	CR.	INSTRUCTOR

_____	CHECK HERE IF WITHDRAWING FROM ALL CLASSES FOR THE SEMESTER.		
Reason(s) for Withdraw			
_____	Child Care	_____	Military Duty
_____	Employment	_____	Time Conflict
_____	Financial	_____	Transfer
_____	Medical	_____	Transportation
_____	Other (please specify) _____		
_____	Instructor Withdrawal Instructors are to sign in the student signature line.		
_____	Last Date of attendance: _____		

SIGNATURES (Students: please get the signatures in the following order)

Student Signature _____

Date _____

Advisor Signature _____

Date _____

Financial Aid Signature _____

Date _____

Registrar Signature _____

Date _____