Ozarka College

DROP/ADD FORM

LEGAL NAME

_____ _____ - _____ - _____

LAST FIRST MIDDLE STUDENT ID NUMBER

I request to change my registration as follows:

Semester: Fall _____ Spring _____ Summer I _____ Summer II _____

To Drop:

Course #	Sec #	Campus	Course Title	Days	Time	Instructor

To Add:

Course #	Sec #	Campus	Course Title	Days	Time	Instructor

My reasons for requesting this change are: _____

WARNING: DROPPING A COURSE(S) MAY RESULT IN LOSS OF YOUR FINANCIAL AID or VETERAN BENEFITS

SCHOLARSHIPS – Some scholarships require completion of at least 15 hours. Requirements for private scholarships vary in required number of hours.

LOANS – Requirements vary based on Academic Policy. **GRANTS –** Requirements vary in relation to the amount of grant you receive.

(If you have any questions, please contact the Financial Aid Office)

VETERAN BENEFITS – Dropping below full-time may affect benefits, **Contact VA representative, Main 202D.**

APPROVED:

_____ _____

Advisor Date Instructor Date

_____ _____

Instructor Date Financial Aid Officer Date

_____ _____

TRiO (if applicable) Date Career Pathways (if applicable) Date

_____ _____

Student Signature Date Vice President for Student Services/Registrar Date

This Form Will Not Be Processed Until All Signatures Required Are Present

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

Joyce Baker – *Melbourne*

Gin Brown – *Mountain View*

James Spurlock – *Ash Flat*

Athem Eder-*Mammoth Spring*

Entered By: _____ Date

Revised 07/11/11