**College Academy DROP/ADD FORM**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Banner Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First M.I. Last

|  |  |  |  |
| --- | --- | --- | --- |
| Course  | CRN# | Credits |  |
| DROP |
|  |  |  | **USE THIS FORM THROUGH THE FIRST WEEK OF CLASS****Bill Adjustment/Liability Schedule****Drop prior to the first day of the term: 0% tuition and fees****Drop through end of the 1st week of term: 25% tuition/100% fees****Use the WITHDRAWAL FORM after the First Week** |
|  |  |  |
|  |  |  |
| ADD |
|  |  |  | Comments:  |
|  |  |  |
|  |  |  |
| **I understand that by dropping from my class(es) after the beginning of the term, I will incur a bill according to the above Bill Adjustment/Liability Schedule.****Student’s Signature Date****Approval of High School Guidance Counselor or Principal Date** |

 **This form should be faxed/ scanned directly to the Registrar’s Office.** The adjustment is determined by the date the student processes the form at the Registrar’s Office, according to the liability schedule noted above. (Some exceptions may apply).