**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).