

DROP/ADD Form



ALAMO COLLEGES DISTRICT
Palo Alto College

BANNER ID _____

DATE _____

SEMESTER _____

YEAR _____

LAST NAME _____

FIRST NAME _____

DROP	CRN	COURSE	NUMBER	SECTION	LAST DAY OF ATTENDANCE	SIGNATURES	DATE
							INSTRUCTOR/COUNSELOR
ADD	CRN	COURSE	NUMBER	SECTION		CHAIR	
						DEAN	
REASON:			CHECK ONE:			VICE PRESIDENT	
<input type="checkbox"/> Academic <input type="checkbox"/> Personal <input type="checkbox"/> Military <input type="checkbox"/> Never Attended <input type="checkbox"/> Other _____			<input type="checkbox"/> All Course Drop <input type="checkbox"/> Drop on/before Census <input type="checkbox"/> Drop After Census <input type="checkbox"/> Reinstatement <input type="checkbox"/> Audit			RECORDS & REGISTRATION	
REMARKS:							
STUDENT SIGNATURE: _____							
						Check Here If Receiving VA Benefits <input type="checkbox"/>	

WHITE - OFFICE

YELLOW- STUDENT

REV 8/2012 (CSI)