



_____ **DROP AND ADD NOTICE** Semester: _____
 _____ **OFFICIAL WITHDRAWAL**

Student Name: _____

SS NO. XXX-XX-_____ Last 4 Digits

DATE OF COURSE ADD, DROP, OR OFFICIAL WITHDRAWAL: _____

DATE OF LAST CLASS ATTENDANCE: _____

DATES OF CLASS ABSENCES: _____

IS STUDENT RECEIVING V.A. BENEFITS

REASON FOR CHANGE: _____

Student's Signature

Advisor's Signature

COURSE AND NO.	CDT HRS	Session (I, II, III)	BLDG ROOM O-C CENTER	INSTRUCTOR	INITIALS	DATE	GRADE	DROP OR ADD

Note: This form should be printed and completed by the student, professor, and advisor.
Please fax this form to the attention of the Office of the Registrar at 912-583-4816.
Students may be responsible for the cost of the course. Students will be assessed a drop/add fee per transaction.