



ADD/DROP FORM

Student's Name: _____
Last First Middle Initial

Student ID #: _____ Date of Birth: ____ / ____ / ____ Ph: _____

Spring Summer Fall Year: _____

NEW/ADD COURSE

| Course (Dept - Number - Section) | Course Name | Credits | CRN # | Instructor's Signature | Reason |
|----------------------------------|-------------|---------|-------|------------------------|--------|
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Comments: _____

Reason Codes: 1-Prerequisite Override 2-Corequisite Override 3-Time Conflict Override 4-Other

VP of Academic Affairs or Designee Signature: _____ Date: _____

For complete semester withdrawal, use the Semester Withdrawal Form

DROP COURSE

| Course (Dept - Number - Section) | Course Name | Credits | Last Date of Attendance | Instructor's Signature | Reason |
|----------------------------------|-------------|---------|-------------------------|------------------------|--------|
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Reason Codes: FM-Family FIN-Financial MD-Medical MV-Moving O-Other T-Transportation U-Unprepared for College WI-Work Interferences

By signing below, I acknowledge that I have read, understand and agree to the Refund Policy. The refund schedule is date specific. It is available in the catalog, syllabus and www.milescc.edu. I am responsible for all charges on my account and will pay for any charges in Banner Self-Service or at the Business office. Registration changes will not be processed without student's signature unless emailed to Registrar@milescc.edu from their school affiliated MCC student email account. **This form will NOT be accepted via email from a personal email account.**

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

This form should be turned into the Student Services Office or emailed to registrar@milescc.edu.

Additional Signatures - Office Use Only

Financial Aid Department: _____
(Required if receiving Financial Aid/Veterans' Benefits) Date

NJCAA/NIRA Rep: _____
(Required for all dropped courses) Date

FOR SCHEDULE CHANGES:
 Credits Before: _____
 Credits After: _____
 Processed Date: _____
 Processed By: _____

REVISED 2023