



Drop/Add Form

Information must be printed in black or blue ink. (Pencil forms will not be accepted.)

- Fall
- Spring
- Summer
- Winter

Academic Year: _____

Student Name: _____ **ECC ID:** _____

Student Responsibility: This document must be submitted for action to be processed. Changes in enrollment may affect one or more of the following:

- Scholarship, federal grant status, or availability of other financial aid
- Private health insurance
- Corequisite or prerequisite status for other courses
- Other enrollment-based status either contracted with East Central College or a third party.
- Program length

Refund Deadlines in a sixteen-week semester (Classes less than 16 weeks in duration are refunded at a prorated basis)

100% refund period = calendar days 1-7 from the first day of the semester

50% refund period = calendar days 8-14 from the first day of the semester

DROP:

Dept.	Course #	Section	Credits	Course Title
TOTAL CREDITS				
includes second page if needed				

Reason for Drop:

- I am dropping to be more successful in other courses.
- I am experiencing a change in employment.
- I am experiencing financial hardship(s).
- I am having transportation issues.
- I am changing my Academic Pathway.
- I am moving from the area.
- I am dropping due to military service.
- I am experiencing health issues.
- I am dissatisfied with the course.
- I am not doing well in the class.
- I am dropping to take care of family issues.

**** see second page for additional courses if needed ****

Have you spoken with your faculty about dropping course? Yes No

ADD:

Dept.	Course #	Section	Credits	Course Title	Signature of Instructor/Dean
TOTAL CREDITS					
includes second page if needed					

Student Signature Date

Student understands failure to submit this form in a timely manner may result in an administrative withdrawal or failing grade

Advisor Signature Date

Advisor signature indicates only that student has been made aware of effects this petition may have on their ECC academic program.

NOTICE OF NON-DISCRIMINATION: Applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment and individuals with whom the Board of Trustees and college officials do business are hereby notified that East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information or veteran status. Auxiliary aids and services are available upon request to individuals with disabilities. Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to Vice President of Student Development, 131 Buescher Hall, telephone number 636-584-6565 or stnotice@eastcentral.edu.

DROP:

Dept.	Course #	Section	Credits	Course Title

ADD:

Dept.	Course #	Section	Credits	Course Title	Signature of Instructor/Dean
TOTAL CREDITS					

Student Initials _____ Date _____

Advisor Initials _____ Date _____