



J-490F COURSE ADD / DROP / WITHDRAWAL FORM

PERSONAL INFORMATION

Student Name: _____ BTC Student ID Number: _____

Program: _____ Date: _____
mm/dd/yyyy

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please check if your mailing address or phone number needs to be updated.

COURSE(S) TO ADD

CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____

COURSE(S) TO DROP OR WITHDRAW FROM

Note: Withdrawing may have consequences. Please work with Advising and Financial Aid.

CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____
CRN: _____	Course: _____	CRN: _____	Course: _____

STUDENT EXPLANATION FOR SCHEDULE CHANGE

Personal	Financial	Academic
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FACULTY EXPLANATION FOR SCHEDULE CHANGE (If needed)

Override Capacity	Late Add	Prerequisite/Test Score Error
Time Conflict	Closed Section	Exceeds Credits

Faculty Signature (if needed): _____ Date: _____
mm/dd/yyyy

SIGNATURES

Student Signature: _____ Date: _____
mm/dd/yyyy

Program Advisor Signature: _____ Date: _____
mm/dd/yyyy

Financial Aid Signature: _____ Date: _____
mm/dd/yyyy

Return completed form to Registration and Records.

Registration Signature: _____ Date Processed: _____
mm/dd/yyyy