



Course Add / Drop / Withdrawal Form

PERSONAL INFORMATION

Student Name		BTC Student ID Number	
Program		Date	
Mailing Address	City	State	Zip Code

Please check this box if your address or phone number needs to be updated

COURSE(S) TO ADD:

CRN	Course Name	CRN	Course Name

COURSE(S) TO DROP / WITHDRAW FROM:

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

CRN	Course Name	Refund %	CRN	Course Name	Refund %

STUDENT EXPLANATION FOR SCHEDULE CHANGE:

<input type="checkbox"/> Personal	<input type="checkbox"/> Financial	<input type="checkbox"/> Academic
Student Signature		Date
Advisor Signature		Date
Financial Aid Signature		Date

FACULTY EXPLANATION FOR SCHEDULE CHANGE (IF NEEDED):

<input type="checkbox"/> Override Capacity	<input type="checkbox"/> Late Add	<input type="checkbox"/> Prerequisite / Test Score Error
<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Closed Section	<input type="checkbox"/> Exceeds Credits
Faculty Signature (if needed)		Date

RETURN COMPLETED FORM TO EXPRESS SERVICES

FOR REGISTRATION OFFICE USE ONLY	
Signature	Date