



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

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