



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