



Dual Credit ADD/DROP Request

 DROP
 ADD

Last Name _____ **First** _____ **MI** _____

SWTJC ID # _____ **Semester** _____

Reason for Withdrawal:

DROP Course(s)				ADD Course(s)			
Subject	Number	Section	Credits	Subject	Number	Section	Credits

Academic Difficulties

Financial Difficulties

Block Withdrawal Technical

Schedule Conflicts w/Work

Death of family Member

Severe Illness

Excessive Absences

Transfer

The official effective notification date for any add, drop or withdrawal is the date entered below by the Admissions/Registrar's Office.

Please keep a copy of the form until final grades are posted and/or appropriate refund is received.

The following signatures are required for all transactions:

Student Signature: _____

Date

High School Official: _____

Date

SWTJC Official: _____

Date

FOR OFFICE USE ONLY:

Date Processed

Admissions/Registrar's Office Signature