

Course Add/Drop

Last Name: _____ First Name: _____ M.I.: _____

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

Phone Number: _____ Cell Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___Yes ___No

Student ID #: _____ Email address: _____

Advisor: _____ Fall _____ Spring _____ Summer _____ 20 _____

This form is only valid when completed and submitted within the first week of the semester. Advisor approval is required.

Course Code	Add/Drop	Course Title	Credit Hours

***CHANGES IN TOTAL COURSES AND CREDIT HOURS CARRIED MAY
IMPACT FINANCIAL AID AND MAY AFFECT YOUR BILL.***

Please submit completed form to Donna Geel, Assistant to the Academic Dean.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For Office Use Only

Processed: _____

***Non-Discrimination Policy:** Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*



Enrollment & Student Services

One College Drive
Calais, ME 04619

207-454-1013

Instate: 800-210-6932

Fax: 207-454-1018

Initials

Date

Non-Discrimination Policy: *Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*