

Add/Drop and Withdrawal Form

- Aravaipa Maricopa San Tan Signal Peak
 Superstition Florence Casa Grande Center
 Casa Grande Corporate Center



Student ID Number / SSN:
 Semester of Registration: Year 20____
 Fall Spring Summer

*Please note that your social security number is required during your initial admissions process.

1 Legal Name: Last: _____ First: _____ Middle Initial: _____

Previous Name (maiden): _____

2 Mailing Address: Street/P.O. Box: _____ Apt.: _____

3 City: _____ State: _____ Zip: _____

4 Telephone: Home: (____) _____ Cell: (____) _____ Email: _____

5 Date of Birth: ____/____/____
 Month Day Year

Financial Aid Recipients: It is the responsibility of the student to notify the Financial Aid office of any change in program of interest.

Residence Hall students: A minimum of a 6 credits is required to live in the residence halls.

Requesting an Official Withdrawal: Students can request an official withdrawal during the first two-thirds of the class based on the beginning and end date as listed in the schedule of classes. During this period a student may withdraw regardless of reason and must initiate and complete the withdrawal request through the registration office. Instructor permission is not needed. During the final one-third of the course, if there are extenuating circumstances, a student can request an official withdrawal. The approval of both the instructor and division chair or program director will be required.

Tuition and fees are due at the time of registration: Failure to make payment and/or payment arrangements will result in the loss of registration.

Refund Policy: *Regular Semester Length Classes:* 100% of tuition/fees will be refunded if the official withdrawal is completed prior to the class start. 90% of tuition/fees will be refunded if the official withdrawal is completed during the official add/drop period. There are NO refunds issued for withdrawals completed after the official add/drop period. *Short Term Classes:* 100% of tuition/fees will be refunded if the official withdrawal is completed prior to the class start. There are NO refunds for short term classes after the start of the class.

Check One: Add Drop	Section (ex. 18FA8911)	Course Number (ex. MAT082)	Course Title (ex. Basic Arithmetic)	Approval Signature (if required)

Complete Withdrawal from Central Arizona College

I would like to request a complete withdrawal from all courses. If I am withdrawing after the official add/drop week and prior to the last day to withdrawal, I understand that I will receive a grade of 'W' which will be part of my permanent academic record and will appear on my student transcript. I am also financially responsible for the tuition and fees for these courses and for any other fees or fines I may have incurred, such as library fines, parking tickets, etc. It is my responsibility to contact the Cashier's Office to resolve any outstanding financial obligations. Student transcript will not be released if there are any outstanding financial obligations owed to the College.

Reason for dropping (please check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Leaving the area/moving | <input type="checkbox"/> Dissatisfaction with the course/instructor | <input type="checkbox"/> Child Care | <input type="checkbox"/> Advice of Instructor/Advisor |
| <input type="checkbox"/> Difficulty of course(s) | <input type="checkbox"/> Dissatisfaction with services | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Change of Degree/Certificate | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Schedule/employment conflicts | <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Too many classes | |
| <input type="checkbox"/> Have you consulted a faculty member or an advisor regarding the above issues? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If you are receiving Financial Aid, an exit interview must be conducted by the Financial Aid Office.

Exit Interview Completed: Yes No Date: _____ Financial Aid Advisor Signature: _____

By signing below, I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. As a student of Central Arizona College, I agree to abide by the Student Code of Conduct of the college regarding conduct and other obligations. In addition, I understand that Central Arizona College institutional student business by electronic delivery. This includes, but not limited to admissions, registration and billings, Form 1098-T and direct deposits. You may withdraw your consent of electronic delivery by writing Central Arizona College, Attn: Accounts Receivable, 8470 N. Overfield Road, Coolidge, AZ 85128.

Academic Advisor: _____

Academic Dean
Max Hour Approval: _____

Student Signature: _____ Date: _____