

ADD/DROP FORM

tudent ID#		Social or Securit	y# XXX •	xx ♦ □			Semester	Year _	
lame	La	st	First		M. I.	prior	name	Birth Date	
ddress		Street City						Primary Phone # ()	
	St	reet	City		State	Zip			
1ajor/Progra	m			Last Semester A	ittended			Alternate Phone # ()	
COURSE(S) TO BE A	DDED				COURSE(S) TO BE	DROPPED	
Course Number	Section Number	Cour	se Title	Check if Auditing*	Number of Credits	Course Number	Section Number	Course Title	Number of Credits
heckmark in the	"Check if Auditing	,	olace add a course with an	Total Credits				Total Credi	ts
Dropping		or switching cours	ses may affect you e specific question		n/fee charges, fi	nancial aid, socia	ıl security be	nefits and/or graduation requireme	ents. Check with
	•		confirm that the conation on MyNCC.	•	-			the requested changes were proces efund deadlines.	ssed. <u>Access yo</u>
		-		•	•		_	dent (or parent/guardian of min lelinquent accounts.	or child), do
Student Sign	ature (hand	dwritten signa	ature only)	Advisor Sign	ature			Date Records Ir	nitials
					requi	red for full time stud	lent	==000103 1	Revised 8/2019