



Add / Drop Form

OFFICE USE ONLY
Received Date: _____
Name: _____

Quarter:	Student ID:	Last Name:	First Name:
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Check One		Class Number	Subject Course Number	Section	Credit	TO BE COMPLETED BY INSTRUCTOR (or attach email from instructor)		
Add	Drop					Instructor Name	Instructor Signature	Add/Drop Reason I – Instructor Permission Required C – Closed Class P – Prerequisite Override
EXAMPLE								
✓		2494	ENGL&101	01-OL	5	Tim Titan	<i>Tim Titan</i>	C

Important dates including the last day to add classes and the last day for 100% refund can be found on the [Academic Calendar](https://www.tacomacc.edu/academics-programs/academiccalendar).
<https://www.tacomacc.edu/academics-programs/academiccalendar>

Note: If you are a recipient of Financial Aid, Veterans’ benefits, or Workforce Training, consult with that office before dropping/withdrawing from courses. A change in enrollment status may cause repayment and/or affect your future eligibility. If you are an International Student, consult with your advisor before dropping/withdrawing.

I understand that I am academically and financially responsible for the enrollment changes on this form. It is my responsibility to ensure that payments are made by the published due dates to prevent having my enrollment cancelled.

Student’s Signature: _____ Date: _____