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|----------------------|
| Office Use Only      |
| Employee Name: _____ |
| Received Date: _____ |

## Add/Drop Form

Please use this form to request class(es) be added or dropped. Please note: enrollment changes may cause students to owe a repayment, or affect future funding eligibility. If you are receiving Financial Aid (faid@tacomacc.edu), Veterans' Benefits (VA@tacomacc.edu), or Workforce funding (TCCworkforce@tacomacc.edu), please consult with the office providing your funding before dropping your class(es).

Submit the completed form to the Enrollment Services Office in Building 7 (North entrance), or [EnrollmentServices@tacomacc.edu](mailto:EnrollmentServices@tacomacc.edu).

|   |            |             |
|---|------------|-------------|
| Student ID:   | Last Name: | First Name: |
| Quarter: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Year: _____                |            |             |
| Have you viewed the add, drop, and refund dates on the Important Dates Calendar (link below)? No <input type="checkbox"/> Yes <input type="checkbox"/>            |            |             |
| Important Dates Calendar: <a href="https://www.tacomacc.edu/academics-programs/academiccalendar">https://www.tacomacc.edu/academics-programs/academiccalendar</a> |            |             |

By signing and submitting this form, I understand that I am responsible for tuition and fees that may be incurred when adding or dropping a class.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>How to use this form:</b> Fill out the class information on the left side if you are adding or dropping a class. If you are adding a class that requires instructor permission, please have your instructor completed the right side of this form before submitting it. |   |                                 |                            |                       |  |
|--|---|---------------------------------|----------------------------|-----------------------|--|
| Action:  | Class Name :<br><i>(ex. ENGL&amp;101)</i> | Class Number: <i>(ex. 2489)</i> | Credits:<br><i>(ex. 5)</i> | Instructor Signature: | Instructor Approved Add Reasons—<br>Check All that Apply:  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Drop  |   |                                 |                            |                       | <input type="checkbox"/> Instructor Permission Required<br><input type="checkbox"/> Prerequisite Override<br><input type="checkbox"/> Class Capacity Override ( <b>Program Chair permission required; cannot bypass waitlist order</b> )<br><b>Chair Signature</b> _____ |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Drop  |   |                                 |                            |                       | <input type="checkbox"/> Instructor Permission Required<br><input type="checkbox"/> Prerequisite Override<br><input type="checkbox"/> Class Capacity Override ( <b>Program Chair permission required; cannot bypass waitlist order</b> )<br><b>Chair Signature</b> _____ |

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|---|--|--|-----------------------------------|------------------------------|--|
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