Delgado COMMUNITY COLLEGE

CHANGE OF STUDENT RECORD FORM

Semester/Session: ☐ Fall ☐ Spring ☐ Summer ***Year*:** 20 ☐

NAME: _____ **DATE:** _____

(Last) (First) (M.I.)

STUDENT ID #: _____ ***CHANGE INITIATED BY:*** ☐ Student ☐ Administrator

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☐ **DROP**

CRN	Course & Number	Section Number	Hours

☐ **ADD****

CRN	Course & Number	Section Number	Hours	Audit	Instructor's Signature *(optional after "add period")*

**** Any courses added to a schedule after the Census/Pell Recalculation Date may not be eligible for Pell Grant Funds**

☐ **REINSTATE (COURSE THAT WAS DROPPED WITH A "W" AFTER THE CENSUS DAY)**

CRN	Course & Number	Section Number	Hours	Instructor's Signature *(required)*

RATIONALE REQUIRED FOR ADD/REINSTATEMENT: *(With supporting documentation, as applicable.)*

ACADEMIC APPROVAL: ***Through the Official Census Day:***

_____ _____

Division Dean, Assistant Dean, Dept. Chair *or* Assistant Dept. Chair Date

After the Official Census Day:

_____ _____

Division Dean *or* Assistant Dean Date

It is the student's responsibility to take this form to the Registrar's Office. The official drop date is the date this form is received and processed in the Registrar's Office.

I am aware that the above actions may affect my academic record, my financial charges, and my financial aid. I agree to follow the terms and conditions published in the college catalog and student handbook.

Forms submitted after 3 p.m. will be processed the next business day.

_____ _____

Student's Signature Date Processed By Date

Copies: Registrar's Office; Student