Delgado
COMMUNITY COLLEGE

CHANGE OF STUDENT RECORD FORM-----DRAFT

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

NAME: _____   **DATE:** _____
    (Last)   (First)   (M.I.)

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

- -

☐ **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

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☐ **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, *or* 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.

_____   _____
Student's Signature   Date   Processed By   Date

Copies: Registrar's Office; Student   Form 1442/002 (12/21)