



**Warren**  
County Community College

475 Route 57 West • Washington, NJ 07882

**Office of Student Services**

(908) 835-2300 fax: (908) 689-5824

# ADD/DROP FORM

Student ID #:

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Students are advised to consult staff in the Financial Aid office if receiving grants, loans, work-study or veterans affairs benefits prior to processing this form.

Current Total Credits: _____ Credits Dropped: _____ Credits Added: _____ New Total Credits: _____ Student is dropping all courses: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Contact Information</b> Name LAST: _____ FIRST: _____ M.I.: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Home #: _____ Other #: _____ E-Mail: _____
Semester: _____ Year: 20 _____	

To **DROP** courses, list them below and submit form for processing in the Office of Student Services

Dept. Code	Course #	Section	Course Title	Credits
EXP	101	E1	Introduction to example course	3

To **ADD** courses, list them below and submit form for processing in the Office of Student Services

Dept. Code	Course #	Section	Course Title	Credits

By signing below, I am indicating that I understand that I am responsible for all financial obligations associated with altering my schedule.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_