



PCC DROP/ADD FORM

To drop or add class(es), submit this form to the Registrar's Office or email to studentservices@pamlicocc.edu.

STUDENT AND COURSE INFORMATION

Student ID #	Last Name	First Name	MI	Semester/Year	DOB (MM/DD/YYYY)

ADD THE FOLLOWING CLASS(ES)

COURSE NAME

**** STUDENTS ARE RESPONSIBLE FOR 25% OF THE TUITION FOR DROPPED COURSES****

DROP THE FOLLOWING CLASS(ES)

COURSE NAME & LAST DATE OF ATTENDANCE	**HAVE YOU ATTENDED <u>THIS CLASS</u> , SUBMITTED THE STATEMENT OF <u>ACADEMIC INTEGRITY QUIZ</u> OR TURNED IN ANY ASSIGNMENTS <u>FOR THIS CLASS</u> ? **	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	**If you designate NO, please be aware that your class will not be removed from your schedule right away. Please do <u>not</u> attend the dropped class(es) after submitting this form to the registrar's office.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

REQUIRED SIGNATURES

Student Signature: _____ Date: _____

Financial Aid Staff Signature: _____ Date: _____

***Stop by financial aid or email the completed form to finaid@pamlicocc.edu to obtain required signature.**

****Financial Aid and Veteran Students who drop a class may receive an adjustment in their aid amount.****