

Fall 20__ Spring 20__ Summer 20__

Student Name: _____

Student ID #: _____

Email Address _____ Daytime phone _____

Address: _____

Instructions: Use this form only if you intend to add/drop one/all of your courses at Schenectady County Community College. Please indicate the term and specific courses you are requesting a registration modification transaction.

I wish to Drop ALL my courses at SCCC _____ Please Initial

DROP:

CRN	SUBJECT	COURSE # and SECTION	# CREDITS

<p>Credit Overload Approval</p> <p>Advisor: _____</p> <p>Dean: _____</p> <p>Registrar: _____</p>

ADD:

CRN	SUBJECT	COURSE # and SECTION	# CREDITS	Approval (if needed)

Old Total _____ New Total _____

The timing of your registration modification may have an impact on the following:

- Enrollment status
- Satisfactory academic progress (SAP)
- Student account
- Federal, state, and institutional grants, loans, scholarships, and third party sponsorships

*Your signature affirms your request to add or drop a course(s) at Schenectady County Community College. If you receive any form of financial aid, including grants, loans, scholarships, and third party sponsorships you understand your decision to add/drop a course(s) may impact your financial aid for the current and future terms. **You also understand that depending on the timing of your add/drop request you may incur financial liability, such as fees as they are non-refundable, for the current term and your enrollment status may be affected.***

 Student Signature

 Date

Processed by: _____	Date: _____	Refund: _____
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