



# BEAUFORT

## COUNTY COMMUNITY COLLEGE

### DROP/ADD FORM

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

#### STUDENT AND COURSE INFORMATION

Student ID # OR Last 4 SSN	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	<b>**HAVE YOU ATTENDED THIS CLASS OR TURNED IN ANY ASSIGNMENTS FOR THIS CLASS? **</b>	<b>**If you designate NO, please be aware that your class will not be removed from your schedule right away. Please do not attend the dropped class(es) after submitting this form to the registrar's office.</b>
	<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	
	<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@beaufortccc.edu to obtain required signature.**

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