



# BROOKLYN COLLEGE

WE BELIEVE Outstanding preparation for higher learning and life

## **COURSE DROP/ADD FORM**

(An exact copy of this form must be kept in the OSR)

Student Name: \_\_\_\_\_ OEN: \_\_\_\_\_

To DROP and/or ADD courses, complete this form in consultation with your academic advisor or the Principal whose approval must be included in Sections 3 and 4 below. Courses CANNOT be changed after the first week of classes is complete.

### **Section 1:**

CHANGE FOR ACADEMIC YEAR 20 \_\_\_\_ / \_\_\_\_

(circle one)  FALL SEMESTER     WINTER SEMESTER     SPRING/SUMMER SEMESTER

### **Section 2:**

Course Code **Add/Drop** (circle one)    Course Code **Add/Drop** (circle one)    Reason for Add/Drop

| Course Code <b>Add/Drop</b> (circle one) | Course Code <b>Add/Drop</b> (circle one) | Reason for Add/Drop |
|--|--|---------------------|
|  |  |                     |

### **Section 3:**

I ACKNOWLEDGE THAT I AM ACADEMICALLY AND FINANCIALLY RESPONSIBLE FOR THE COURSES IN WHICH I AM ENROLLED, AND FOR THOSE I AM OPTING TO DROP. I ACCEPT THAT WHERE I OPT TO DROP A COURSE AFTER THE DEADLINE FOR PARTIAL REFUND OF FEES, I AM NOT ELIGIBLE FOR A FEE REFUND. AS I AM A FULL-TIME STUDENT, I ALSO ACKNOWLEDGE THAT I CONSULTED MY ACADEMIC ADVISOR/PRINCIPAL REGARDING MY DROPPING AND/OR ADDING COURSES.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

### **Section 4:**

**Academic Advisor/Principal Approval** \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_