



## ADD/DROP FORM

Office of the Registrar, Heritage House  
 P.O. Box 1628, Dunn, North Carolina 28335 (800)-297-6351; (910) 891.1660 (Fax)  
[gwheeler@heritagebiblecollege.edu](mailto:gwheeler@heritagebiblecollege.edu)

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- This is not a withdrawal form. If attempting to withdraw from all courses for a particular term, you will need to use the *Total Withdrawal Form* which is available at the Registrar's Office or online at [www.heritagebiblecollege.edu/forms](http://www.heritagebiblecollege.edu/forms)
- Use this form to add or drop individual courses after the first day of instruction but before the last day of drop/add.
- NOTE: These changes are not official until all steps are completed, including payment of any charges that are due.

Academic Period: \_\_\_\_\_ Activity \_\_\_\_\_  
 \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_ **\$10 Fee** Per Drop/Add Form \_\_\_\_\_ Waive Fee

*PLEASE PRINT CAREFULLY- Complete all information requested below*

Name:	Student Number:
Street:	Home Phone:
City	Cell Phone:
State, Zip	Email:

### DROP FROM A COURSE

1. To drop a course, submit this form to the Registrar's Office prior to the last day of drop/add.

Course #	Course Name	Credits	Instructor's Signature	Date

Credit hours before drop: \_\_\_\_\_ Adjusted credit hours: \_\_\_\_\_

### ADD A COURSE

2. To add a course, submit this form to the Registrar's Office prior to the last day of drop/add.

Course #	Course Name	Credits	Instructor's Signature	Date

Credit hours before add: \_\_\_\_\_ Adjusted credit hours: \_\_\_\_\_

**Check all of the following benefits that apply and obtain appropriate signature(s). All students **MUST** obtain signature from the Business Office.**

____ Advisor	Advising Official _____ Date _____
____ Financial Aid	Financial Aid Director _____ Date _____
____ VA Educational Benefits	VA Certifying Official _____ Date _____
____ Business Office	Business Office _____ Date _____

**Signature of Student** \_\_\_\_\_ **Date:** \_\_\_\_\_

### REGISTRAR USE ONLY

Withdrawn Week #: _____	Tuition refund, if applicable: _____ %	Date received: ____/____/____	By: _____
Remarks: _____			
<b>1 copy each:</b> <b>Registrar, Financial Aid, Business Office, Student</b>			