

# ADD/DROP REQUEST FORM

ACOM - Office of the Registrar  
 445 Health Sciences Blvd., Dothan, AL 36303  
 Phone: 334-699-2266 • Fax: 334-699-2268  
 Email: registrar@acom.edu



**NOTE:** This form is used to add or drop courses during the Add/Drop period as deemed appropriate by the College. Complete this form and send to the Office of the Registrar. Incomplete forms will not be processed. Adding or dropping courses may impact a student's enrollment status, expected date of graduation, and financial aid eligibility. Dropping a course after the established deadline would result in a "W" grade being recorded on the student's transcript. Please reference the current Student Handbook for drop/add deadlines and procedures.

## PERSONAL INFORMATION: Please Print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Student ID No.: \_\_\_\_\_ Class of: \_\_\_\_\_ Class Level: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Section I – ADD:

ADD the following courses to my current registration:  Not Applicable/I am not adding courses

	Term	Course Start Date	Course End Date	Course Number	Course Title	Credit Hours
ADD						
ADD						
ADD						
ADD						

## Section II – DROP:

DROP the following courses from my current registration:  Not Applicable/I am not dropping courses

If this add/drop request reduces your current semester course load to **fewer than four credit hours, you will drop to less-than-half-time status.** Furthermore, **if all courses are dropped, you will be administratively withdrawn from the institution.** Students wishing to withdraw or take a leave of absence from the College must submit a "Withdrawal Form" rather than an "Add/Drop Form." You are advised to consult with the Financial Aid Office and the Business Office, as appropriate, to discuss possible consequences of such a change prior to submitting this form.

	Term	Course Start Date	Course End Date	Course Number	Course Title	Credit Hours
DROP						
DROP						
DROP						
DROP						

## ACKNOWLEDGEMENT:

I, \_\_\_\_\_ am aware that the above actions may affect my academic record, my ACOM account charges, and financial aid. I have consulted with appropriate school officials and consent to proceed with the above listed changes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_