



Drop/Add/Withdrawal Form

Please Print All Information

CCBC ID # 900 _____

Legal Last Name _____ Legal First Name _____ MI _____

Preferred First Name _____

Residence _____

Street Number and Name (Apt. # if applicable) P.O. Box cannot be used.

City _____ State _____ Zip Code _____

Phone Number (with area code) (home) (_____) _____ (cell) (_____) _____

(work) (_____) _____ (ext.) _____ Email Address _____

Term Summer Fall Winter Spring Year _____
Campus Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown

Drop or Withdraw from Course(s)*			
CRN	Subject	Course No.	Cred. Or Bill. Hrs.
Ex. 1234	ACCT	101	3

Add Course(s)									
CRN	Subject	Course No.	Campus & Section	Audit	Cred. Or Bill. Hrs.	Approved for (Dean or Designee Initials)			
Ex. 1234	ACCT	101	Cat. XYZ	Y or N	3	Prereq	Coreq	Ovld	Repeat

*Contact Financial Aid, Athletics, or International Student Services before dropping or withdrawing from a course(s).

Instructor's Signature _____ and Advisor's or School Designee's Signature _____

Please check your reason(s) for withdrawing:

Personal Transportation Problems Dissatisfaction with College
 Financial Issues Work Related Cancelled Class
 Personal Illness Unsatisfactory Progress Other _____

Check here to withdraw from all classes.

Comment: _____

Refund Requirements

- Your current address is correct and required before a refund can be processed.
- You are required to pay any outstanding balance owed to CCBC. Your award may be reduced if you receive financial aid and withdraw from classes.
- You are required to pay 50% of all tuition and refundable fees if you withdraw from classes during the first twenty percent of any course.

Refund Schedule

- 100% before the first day of the semester
- 50% before the end of third week or 20 percent semester equivalent.
- There is no refund after the end of the third week or 20 percent semester equivalent

Refund dates are noted on the academic calendar at www.ccbcmd.edu/academic-calendar. Refund and withdrawal policies can be found at www.ccbcmd.edu/catalog.

I request, understand and accept the responsibility these changes will have on achieving my educational goals.

Student's Signature _____ **Date** _____