



# Drop/Add/Withdrawal Form

Please Print All Information

CCBC ID # \_\_\_\_\_

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 (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_  
(with area code)

(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](http://www.ccbcmd.edu/academic-calendar). Refund and withdrawal policies can be found at [www.ccbcmd.edu/catalog](http://www.ccbcmd.edu/catalog).*

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_