



McDowell Technical Community College
ADD – DROP – WITHDRAWAL FORM

Name _____ Date _____ Student ID# _____
Last First Middle

Phone: (H) _____ (W) _____ Major _____ Year/Semester _____

Courses to be ADDED

Course Prefix	Course No.	Sec. No.	Course Title	Instructor Approval

Courses to be DROPPED

Drop Initiated By (Check one): Faculty ☐ Submit to Registrar's Office

Student ☐ Submit to Success Coach

Course Prefix	Course No.	Sec. No.	Course Title	Last Date Attended	Drop Code*	Grade**	Instructor's Signature

***DROP CODES:** 1) Work Conflict 2) Need Child Care 3) Transportation 4) Financial 5) Personal/Family
6) Dissatisfied With Instruction 7) Dissatisfied With Course Content 8) Personal Illness
9) – Other _____

****GRADE:** Before the 30% Date = W or NS; On or After the 30% Date = WP or WF

Signatures:

Date:

Student:

Success
Coach:

Email completed form to: registrar@go.mcdowelltech.edu

Registrar's office: _____ Date: _____