



2800 S. Lone Tree Rd,
Flagstaff, AZ 86001-2701
928.226.4299
928.226.4127 (Main Reception TTY/TDD)
928.226.4128 (Disability Resources TTY/TDD)

Add/Drop Form

Fall Spring Summer Year _____

OFFICE USE ONLY
Entered by:
Date:

Student ID#	Last Name	First Name
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ADD											
CRN	Subject	Course#	Section	Credit Hrs	Day(s) and time(s) class meets					Instructor's Signature*	
					M	T	W	R	F		S
89080	HIS	131	02	3		1:00pm		1:00pm			Sample

DROP		
CRN	Subject / Course# / Section	Credit Hrs

*Instructor's signatures are required when: 1) **adding** classes that have a waiting list and 2) **adding** classes after the add deadline.
All **drops/withdrawals** must be cleared through the Office of Student Financial Aid.
A student will not be allowed to enroll in a course which requires a pre-requisite unless he/she has presented evidence of having satisfied that pre-requisite.

OSFA: _____ Date: _____

My signature below indicates that I have reviewed and understand the policies associated with enrolling for or dropping the courses required to complete my degree or certificate program at CCC. Whether I have consulted with an academic advisor or not, my signature indicates that I freely choose to enroll for these courses and that I assume full responsibility for my course selection and any resulting consequences and liabilities associated with my selection.

Student's Signature

Date

Pre-requisite viewed and met
Authorized Signature only: _____

07.335 (rev. 3/08)



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