

Add/Drop/Withdraw Form

Term: () Fall () Spring () Summer					mer	Year:				
Student Name:						Student ID#:				
Addr	ess:									
City:						State:			ipcode:	
Phon	e #:			Emai	l Address	s:				
ACTION: Add or Drop/Withdraw (Circle One)		COURSE	SUBJ	NBR	SECT		TITLE		INSTRUCTOR SIGNATURE (Required if adding a course that is full or adding after the course's add period)	
	D/W									
Α	D/W									
Α	D/W									
Α	D/W									
Α	D/W									
Α	D/W									
gener	ated by a [that I am full Drop/Withdi ature:	awal.			-	_	or any repayme	ent of Financial Aid funds Date:	
Retui	rn this fo	rm to any	campus lo	ocation o	r fax to a	a registrati	on processo	or at 507-372	-5803.	
Canby Campus 1011 First Street Canby, MN 56220					Jackson Campus 401 West Street Jackson, MN 56143		Pipestone Campus 1314 North Hiawatha Ave. Pipestone, MN 56164		Worthington Campus 1450 Collegeway Worthington, MN 56187	
					Fo	or Office Sta	ff			
Processed by:					Date:			Initials:		