

# BELHAVEN COLLEGE

## Withdrawal - Drop/Add Form

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_ Last Day in Class: \_\_\_\_\_

Program enrolled: Scholars  AA  BIB Certificate  BA/BBA/BSM/BASS

MBA/MSM  MAT  MED  MPA

*Please mark the appropriate selection below:*

**TERM:** \_\_\_\_\_ **FA:** \_\_\_\_\_ **VA:** \_\_\_\_\_

<b><u>DROP/ADD</u></b>						
Course #1 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____	<input type="checkbox"/> Drop	<input type="checkbox"/> Add
Course #2 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____	<input type="checkbox"/> Drop	<input type="checkbox"/> Add
Course #3 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____	<input type="checkbox"/> Drop	<input type="checkbox"/> Add
Course #4 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____	<input type="checkbox"/> Drop	<input type="checkbox"/> Add
<b>Total Credits Dropped</b> _____		<b>Total Credits Added</b> _____		<b>Total Cost</b> _____		
<b>Reason for Drop/Add:</b> _____						
<b>Estimated Date of Return:</b> _____						

<b><u>WITHDRAW FROM PROGRAM</u></b>						
Course #1 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____		
Course #2 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____		
Course #3 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____		
Course #4 _____	Dates _____	Credits _____	Cost per credit hr _____	Total _____		
<b>Total Credits Withdrawn</b> _____				<b>Total Cost</b> _____		
* Prior to Withdrawal*						
<b>Reason for Withdrawal:</b> _____						

I understand that dropping or adding a course or withdrawing from the program will affect my payment plan and/or Financial Aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name (Print)

### For Office Use Only

**Director of Student Services Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Entered into PowerCampus by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Entered into PowerFaids by:* \_\_\_\_\_ *Date:* \_\_\_\_\_