

Enrollment Change Form

- DROP/ADD
 WORKFORCE EDUCATION

Office Use:		15	10	A	B
<input type="checkbox"/> Fall		—	—	—	—
<input type="checkbox"/> Winter		—	—	—	—
<input type="checkbox"/> Spring		—	—	—	—
<input type="checkbox"/> Summer		—	—	—	—
<input type="checkbox"/> WE		—	—	—	—

Student ID#

Today's Date - -
Month Day Year

Student's Full Name: _____
Last First M.I.

Student's Mailing Address: _____
Street & Number

City State Zip

Primary Phone

Check all that apply: NJ Stars School Counts! Financial Aid Other Scholarship

I understand my decision to withdraw from my classes may have ramifications on my academic standing, financial aid, or scholarships..

Student's Signature: _____ Advisor's Signature: _____

Reason: _____

WITHDRAWAL

DEPARTMENT	COURSE #	SECTION	COURSE NAME	CREDITS	LAB FEE	INSTRUCTOR'S SIGNATURE
						(not required)

ADD

DEPARTMENT	COURSE #	SECTION	COURSE NAME	CREDITS	LAB FEE	INSTRUCTOR'S SIGNATURE

FOR OFFICE USE ONLY

Refund: 100% 50% None
Credit hours changed: Yes No _____ to _____
Date received: _____ Date entered: _____
Registrar's Signature: _____

Refund Amount
\$ _____

OR

Additional Charge	
\$ _____	Add Fee
+ _____	Tuition/Fees
\$ _____	TOTAL

Bursar Office Staff Signature: _____
Date: _____