

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) |
| | | | | | | |
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| | | | | | | |

ADD

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

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: _____