

# GASTON COLLEGE – DROP-ADD FORM

STUDENT ID #			STUDENT NAME (PLEASE PRINT LEGIBLY)				DATE OF BIRTH		TODAY'S DATE				
COURSE			<b>DROP</b>				COURSE			<b>ADD</b>		TIME	DAYS
PRE.	NO.	SECT.	DESCRIPTION				PRE.	NO.	SECT.	DESCRIPTION			
STUDENT'S SIGNATURE			ADVISOR'S SIGNATURE(OPTIONAL)*										
			<i>*Advisement is no longer required; however, we strongly recommend you meet with your advisor as needed. By initialing the box, you agree with the following statement: I understand that I am waiving the option to be advised. I assume responsibility for the classes I take and understand that not every class may count toward my degree.</i>										
			<input style="width:40px; height:20px; border:1px solid black;" type="checkbox"/>										
<b>REASON FOR DROP:</b>													
01 – Employment			06 – Relocation			11 – Personal			16 – Death in the Family				
02 – Illness			07 – Course load too heavy			12 – Misadvised			17 – Goal completed				
03 – Child Care Problems			08 – Course too difficult			13 – Changed my mind			18 – Military Deployment				
04 – Financial			09 – Course not what expected			14 – Dissatisfied w/ Instructor			19 – Changed Program				
05 – Transportation			10 – Transfer to another school			15 – Excessive Absences			20 – Other _____				

WHITE – REGISTRAR

YELLOW – STUDENT