



# DUAL ENROLLMENT ADD/DROP REQUEST

## OFFICE OF ADMISSIONS/REGISTRAR

CHANGES WILL NOT BE COMPLETE UNTIL THIS FORM IS RETURNED TO THE ADMISSIONS/REGISTRAR OFFICE  
**EMAIL COMPLETED FORM TO: [dualcredit@swtjc.edu](mailto:dualcredit@swtjc.edu)**

SWTJC Student I.D. _____ School: _____								
Last Name			First			MI		
Term: _____				Year: _____				
Please choose:								
<input type="checkbox"/> 1 <sup>st</sup> 8-week			<input type="checkbox"/> 16-week			<input type="checkbox"/> 2 <sup>nd</sup> 8-week		
SCHEDULE CHANGES								
DROP COURSE(S)				ADD COURSE(S)				
Subject	Number	Section	Credits	Subject	Number	Section	Credits	INST. Initial
DROP COURSE COUNT:								

DROP     
  ADD     
  COMPLETE WITHDRAW

**REASON FOR DROP/WITHDRAW:**

<input type="checkbox"/> Academic Difficulties	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Transfer
<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Schedule Conflicts w/Work	<input type="checkbox"/> Military Duty
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Online Issues
<input type="checkbox"/> Block Withdrawal	<input type="checkbox"/> Withdrew from School	<input type="checkbox"/> Instructor Request
<input type="checkbox"/> No Qualifying Scores	<input type="checkbox"/> Other _____	

The **OFFICIAL EFFECTIVE DATE** for any add, drop, or withdrawal is the date entered below by the Admissions/Registrar Office.

Please keep a copy of this form until final grades are posted and/or appropriate refund is received.

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

**Required signature for the above transactions:**

\_\_\_\_\_

High School Official Date

**FOR ADMISSIONS/REGISTRAR OFFICE USE ONLY**

\_\_\_\_\_

Date Processed Office Signature