

Add/Drop/Withdrawal Form



Please use for all courses within the add/drop/withdraw guidelines.

CCC ID Number		Term		Date	
Student Name	Last			First	

Add Course(s)

- AFTER THE 1ST WEEK OF COURSE AND TO THE END OF THE FREE ADD/DROP PERIOD:
Division Associate Dean or instructor signature required to add a lecture or instructor paced web course
- SUMMER: See Records & Registration Office

Subject (Alpha)	Course No.	Section No.	Location	Course Title	Sem Hrs.	Grade Option	Days	Time

Signature needed after the first week of course for lecture and Instructor paced web course:

Instructor or Division Associate Dean Signature _____ Date _____

Drop or Withdraw Course(s)

Subject (Alpha)	Course No.	Section No.	Course Title	Sem Hrs.	Inst. Initial

Student Signature _____ Date _____

Reg _____

Call PhoneCentral at (308)398-7412
OR
Return this signed form to the Registration Office on campus or fax/mail to the following address:
College Registrar
Central Community College
PO Box 4903
Grand Island, NE 68802-4903
Fax (308)398-7359