HIGHLAND COMMUNITY COLLEGE

FALL ___	YEAR ___
SPRING ___	
SUMMER ___	

CHANGE OF PROGRAM – ADD/DROP

This form must be processed through a Student Advisor, Admissions/Records and/or the Business Office
before the action becomes official.

(Please print carefully and clearly)

_____   _____

Last Name   First   Middle   Student ID

ADDS

CRN #	Subj Prefix	Subject Number	Section	Course Title	Semester Hours	Times	Days	Override Approval

DROPS

CRN #	Subj Prefix	Subject Number	Section	Course Title	Semester Hours	Times	Days	Override Approval

Comments/Reason for Drop/ Override documentation (for adding of classes) should be included in the comment section:

_____

STUDENT SIGNATURE   ADVISOR SIGNATURE   DATE