

GASTON COLLEGE – DROP-ADD FORM

STUDENT ID #			STUDENT NAME (PLEASE PRINT LEGIBLY)				DATE OF BIRTH		TODAY'S DATE				
COURSE			DROP				COURSE			ADD		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;" type="checkbox"/>						
REASON FOR DROP:							01 – Employment 02 – Illness 03 – Child Care Problems 04 – Financial 05 – Transportation		06 – Relocation 07 – Course load too heavy 08 – Course too difficult 09 – Course not what expected 10 – Transfer to another school		11 – Personal 12 – Misadvised 13 – Changed my mind 14 – Dissatisfied w/ Instructor 15 – Excessive Absences		16 – Death in the Family 17 – Goal completed 18 – Military Deployment 19 – Changed Program 20 – Other _____

WHITE – REGISTRAR

YELLOW – STUDENT