



PLEASE PRINT LEGIBLY

Student ID Number:	SSN (Optional):						
Name: (First, Middle, Last)						New Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address: City				State		Zip	
						Phone # ()	

REASON FOR DROPPING COURSE(S):

- | | | | |
|--------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| 1. Work schedule conflict [WO] | 4. Financial [FI] | 7. Instruction unsatisfactory [IN] | 10. Administrative withdrawal [AW] |
| 2. Transportation [TR] | 5. Course not what I expected [EX] | 8. Course too difficult [DF] | 11. Other [OT]: _____ |
| 3. Child care [CC] | 6. Enrolled in too many credits [CR] | 9. Course too easy [EZ] | _____ |

MARK ONE			REASON	FOR DROPPED CLASS(ES) LIST DATE OF ATTENDANCE (LDA)										
ADD	DROP			LDA	DEPT	COURSE	SECTION	COURSE TITLE	DAY	TIME	CAMPUS	INSTRUCTOR	CREDIT	FEES

STUDENT'S SIGNATURE: _____ DATE: _____

Before	After*

STUDENTS: Enter the total number of credits enrolled in before and after this course change.

1. TUITION & FEES:		
NAVAJO CO. RESIDENT		
IN STATE		
OUT OF STATE		
2. COURSE FEES		
TOTAL DUE TOTAL OF 1 & 2		
PAID: <input type="checkbox"/> CCARD <input type="checkbox"/> CASH <input type="checkbox"/> 3rd PARTY		
<input type="checkbox"/> CHECK <input type="checkbox"/> VA/FA <input type="checkbox"/> E-CASHIER		
AUTHORIZATION: _____		
/ /	AMOUNT RECEIVED	
MONTH DAY YEAR		
RECEIVED BY: _____		

* If TOTAL CREDITS ENROLLED (AFTER) is more than 18 credits, an academic advisor must approve course overload.

Overload OK _____ Time Conflict OK _____ Date: _____

DROP REFUND: 100% _____ 50% _____ 0% _____ Date: _____

COMMENTS: _____

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