



Office Use Only
Date:
Initials:

Course Add/Drop Form

Name _____
 Last _____ First _____ Middle _____

Student ID _____

FALL SPRING SUMMER

Date _____ 20____

Course Prefix	Course Number	Section	Credit Hrs

Courses Added →

Course Prefix	Course Number	Section	Credit Hrs

← Courses Dropped

Kaskaskia College is interested in your progress toward your educational goals. Please indicate the **PRIMARY** reason you are dropping your class(es) by checking one of the following options below.

<input type="checkbox"/> Location	<input type="checkbox"/> Active Military	<input type="checkbox"/> Instructor
<input type="checkbox"/> Format i.e. online/hybrid	<input type="checkbox"/> Financial Difficulty	<input type="checkbox"/> Housing
<input type="checkbox"/> Inadequate Financial Aid	<input type="checkbox"/> Family Responsibility	<input type="checkbox"/> Enrolled in Another College
<input type="checkbox"/> Employment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Moved
<input type="checkbox"/> Health	<input type="checkbox"/> Transportation	<input type="checkbox"/> Did Not Complete Pre-Req

Other:

Student Signature _____

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