

**JOHNSTON COMMUNITY COLLEGE
DROP/ADD FORM**

Name _____ Date _____
Last First Middle

Student ID# _____ Date of Birth _____
 or Last 4 Digits of SS # _____

Program _____ Term _____
 _____ Fall _____ Spr _____ Sum

DROP

* Required Fields

*Course Prefix	*Course Number	*Section Number	Course Title	Credit Hours	M	T	W	TH	F	S

ADD

* Required Fields

*Course Prefix	*Course Number	*Section Number	Course Title	Credit Hours	M	T	W	TH	F	S

Student Signature

Instructor/Dept Chair Signature

Office Use Only

To be completed by Registrar's Office:

To be completed by Financial Aid:

Hours Registered _____
 Registered By _____

Pell Grant _____
 Scholarship _____

I acknowledge that I will be receiving
 a 75% refund.

Foundation _____
 Outside _____

Emergency Loan _____
 Community College Grant _____
 Other _____