



# DROP/ADD FORM

**This form must be completed and returned to the SCC Registrar.**

Student Name \_\_\_\_\_ Triand# \_\_\_\_\_

Program \_\_\_\_\_ High School \_\_\_\_\_

Reason for drop: \_\_\_\_\_

## List Class(es) to DROP

D R O P	Course # & Section	Course Name

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

C2K

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