



Northwest Technical Institute
rethink education

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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