

ENROLLMENT CHANGE FORM



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DROP/ADD WORKFORCE EDUCATION

<input type="checkbox"/> Fall _____	<input type="checkbox"/> Sum I _____
<input type="checkbox"/> Winter I _____	<input type="checkbox"/> Sum II _____
<input type="checkbox"/> Winter II _____	<input type="checkbox"/> Sum III _____
<input type="checkbox"/> Spring _____	<input type="checkbox"/> Sum IV _____

Student ID#

Today's Date - -
Month Day Year

Student's Full Name: _____
Last First Initial

Student's Mailing Address: _____
Street & Number

City State Zip

Phone Number

Check any that apply: NJ Stars School Counts! Financial Aid Other scholarship

In withdrawing from classes I understand the ramifications of my decision this may have on my academic standing, financial aid or scholarships.

Student's Signature: _____ Advisor's Signature: _____

Reason: _____

WITHDRAWAL

DEPARTMENT	COURSE #	SECTION	COURSE NAME	CREDITS	LAB FEE	INSTRUCTOR'S SIGNATURE <small>(not required)</small>

ADD

DEPARTMENT	COURSE #	SECTION	COURSE NAME	CREDITS	LAB FEE	INSTRUCTOR'S SIGNATURE

FOR OFFICE USE ONLY

Refund: 100% 50% None
 Credit hours changed: Yes No _____ to _____
 Date Received: _____ Date Entered in Computer: _____
 Registrar's Signature: _____

Refund Amount	Additional Charge
\$ _____	\$ _____ Add Fee + _____ Tuition/Fees \$ _____ TOTAL

Bursar Office Staff Signature: _____

Date: _____