

SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445 | CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

Drop or Add Registration Form

This form should be used only after a student has registered for the semester. Students must either initially complete registration through Self-Service Banner or a Matriculated Student or a Non-Matriculated Student Registration Forms.

Semester: ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year: _____ Date: _____

Student Name (Please print): _____ Banner ID: _____

Please mark all that apply: * ☐ I receive Financial Aid (PELL, TAP, Excelsior, Loans, etc.). ☐ I receive Military Benefits.

☐ I live in the Residence Hall. ☐ I am an EOP Student. ☐ I am an ECCA/PTECH student. ☐ I am a student athlete.

☐ Other: _____

*If you selected any of the above options and you are; dropping credits to below full-time (less than 12 credits), completely dropping your full schedule, or changing your enrollment status, you are strongly encouraged to speak with a representative of the associated office prior to making the change to your credits as it may have implications on your enrollment or financial standing with the College.

Course Drops or Additions Requested:

☐ I am dropping all of my registered credits. I will be enrolled in 0 credit hours for the semester noted above. _____ (Initial)

Drop	Add	CRN	Subject and Course Number	Credits

Bill Adjustment/Liability Schedule: Students who officially drop a course(s) may be eligible for a bill adjustment. The adjustment is determined by the date the student processes a Drop/Add form at the Registrar's Office, according to the schedule noted below (some exceptions may apply). For more information, go to <http://catalog.sunyacc.edu/financialaid/billrefund>.

Courses more than 8 weeks in length

Drop through the day before term begins
Drop through the end of the first week of term (Day 1-5)

Liability amount

0% tuition/0% fees
25% tuition/100% fees

Courses 3 to 7 weeks in length

Drop through the day before term begins
Drop through the first week of term

Liability amount

0% tuition/0% fees
75% tuition/100% fees

Courses less than 3 weeks in length

Drop through the day before term begins
Drop through the first day of term

Liability amount

0% tuition/0% fees
75% tuition/100% fees

I understand by making the above requested schedule changes, there may be a change to my bill based on the tuition and fee schedule (<http://catalog.sunyacc.edu/financialaid/billrefund>), Financial Aid, enrollment status, housing status, eligibility for military benefits and/or athletic eligibility.

Student Signature: _____ Date: _____ ☐ Administrative Change

☐ Picture ID attached if sent electronically

Student Success/Registrar Staff Only:

Student Success/Saratoga Staff Signature: _____ Date: _____

☐ Reason for Administrative Change: _____

☐ Student has been referred to the Financial Aid Office ☐ Student has been referred to: _____

Financial Aid or other Staff Signature for Referrals: _____ Date: _____

For Registrar's Office Use ONLY: Initials: _____ Date processed: _____ Form Updated: 7/9/25