

Office of Extended Programs
 696 U.S. Route 9
 Wilton, NY 12831
 academy@sunyacc.edu
 Phone: 518-584-3959
 FAX: 518-584-0896

DROP/ADD FORM

 Name _____ Banner Student ID# _____ Semester _____
 First M.I. Last

Course	CRN#	Credits	
DROP			
			Bill Adjustment/Liability Schedule for Courses 8 Weeks or Longer <input type="checkbox"/> Prior to first week of classes: 0% Liability <input type="checkbox"/> During the first week of classes: 25% Liability
			Bill Adjustment/Liability Schedule for Most Courses Less than 8 Weeks <input type="checkbox"/> Prior to first week of classes: 0% Liability <input type="checkbox"/> Second day of classes: 50% Liability <input type="checkbox"/> After fourth day of classes: 100% Liability
ADD			
			Advisor Comments:

I understand that by dropping from my class(es) after the beginning of the term I will incur a bill according to the above Bill Adjustment/Liability Schedule.

 Student Signature _____ Date _____

 Parent/Guardian Signature _____ Date _____

 High School Counselor or Principal Signature _____ Date _____

*Adjustments are determined based on the date of processing according to the schedule noted above.

FOR REGISTRAR'S OFFICE USE ONLY
Initials: _____
Date Processed: _____