

YEAR \_\_\_\_\_  FALL  WINTER  SPRING/SUMMER  
 PLEASE PRINT STUDENT INFORMATION BELOW



**ADD / DROP FORM**

<b>LAST NAME</b>		<b>DATE OF BIRTH</b>	<b>STUDENT ID NUMBER</b>
<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>		

<b>MAILING ADDRESS</b>	<b>STREET ADDRESS (REQUIRED FOR DETERMINING RESIDENCY)</b>	<b>P.O. BOX</b>	<b>ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F

<b>HOME PHONE ( )</b>	<b>WORK PHONE ( )</b>
<b>E-MAIL ADDRESS</b>	<b>CELL/OTHER CONTACT ( )</b>

<b>TUITION RATE</b> <input type="checkbox"/> JACKSON <input type="checkbox"/> MICHIGAN <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> SENIOR CITIZEN 65+	<b>EDUCATIONAL GOAL:</b> <input type="checkbox"/> JCC DEGREE OR CERT. <input type="checkbox"/> PERSONAL INTEREST <input type="checkbox"/> TRANSFER <input type="checkbox"/> TRAIN FOR NEW JOB <input type="checkbox"/> UNDECLARED	<b>Check for degree or certificate</b> <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Associate in General Studies <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<b>Program of Study/Major</b>  	<b>ETHNICITY</b> 1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Select one or more as appropriate: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<b>DO YOU HAVE FINANCIAL AID?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				

INSTRUCTORS USE ONLY		<input checked="" type="checkbox"/> ONE <input type="checkbox"/> ADD <input type="checkbox"/> DROP		COURSE LETTERS	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	<input checked="" type="checkbox"/> TO AUDIT CLASS	CREDIT HOURS	BILLING	COURSE FEE	MEETING TIME
*CODE	SIGNATURE	ADD	DROP									

**BY REGISTERING, I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT. NON PAYMENT OR NON ATTENDANCE DOES NOT CONSTITUTE AN AUTOMATIC DROP, WITHDRAWAL OR REFUND.**

\*W = Waive Prerequisite  
 I = Increase Capacity  
 L = Late Enrollment  
 P = Participating/  
 Dropped in Error

Students have three primary rights under FERPA. They have the right to: 1. inspect and review their education records; 2. have some control over the disclosure of information from their education records; and 3. seek to amend incorrect education records. JCC is FERPA compliant and only releases information to authorized institutions. To not have your directory information released go to <http://www.jccmi.edu/norelease>. For more information on this policy please refer to the JCC catalog or go online at [www.jccmi.edu](http://www.jccmi.edu). I assume full responsibility for the accuracy of the information on this form and am aware of my FERPA rights.

**EQV-ENG 085:**  
 1. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 2. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 or  Documentation Attached

**EQV-ENG 090:**  
 1. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 2. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 or  Documentation Attached

**EQV-MTH:**  
 1. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 2. Course: \_\_\_\_\_ Grade: \_\_\_\_  
 or  Documentation Attached

**Advisor:**

**Date:**

STUDENT SIGNATURE \_\_\_\_\_ PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

I understand and assume full responsibility that by adding a class after the add/drop period of this class, I will not have an opportunity to drop without a 'W', receive a refund, or utilize certain forms of financial aid. (See the Financial Aid Office for more details.)

STUDENT SIGNATURE \_\_\_\_\_ PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_