



YEAR \_\_\_\_\_  FALL  WINTER  SPRING  
 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> STREET ADDRESS REQUIRED	<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"/> Male <input type="checkbox"/> Female

Jackson College is committed to providing the best customer service possible while protecting our students' privacy. Exemplary customer service can include friendly reminders and messages. By providing a message phone number, I consent to JC leaving messages (voicemail, text messages and/or verbal messages with any person who answers at this number) with specific information related to JC (course enrollment, appointments, advising, financial aid, payments, admission, etc.). <b>MESSAGE PHONE:</b> ( _____ ) _____	<b>HOME PHONE:</b> ( _____ ) _____ <b>WORK PHONE:</b> ( _____ ) _____ <b>CELL PHONE:</b> ( _____ ) _____ <b>OTHER CONTACT:</b> ( _____ ) _____ <b>E-MAIL ADDRESS:</b> _____
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<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"/> Guest <input type="checkbox"/> JC Degree or Certificate <input type="checkbox"/> Personal Interest <input type="checkbox"/> Transfer <input type="checkbox"/> Train for New Job	<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:</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"/> Native Hawaiian <input type="checkbox"/> White
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INSTRUCTORS USE ONLY		✓ ONE		Course Letters	Course Number	Section Number	Course Title	✓ to Audit Class No Credit	Credit Hours	Billing	Course Fee	Meeting Time	Day
*Code	Signature	Add	Drop										

*W = Waive Prerequisite I = Increase Capacity L = Late Enrollment	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. JC is FERPA compliant and only releases information to authorized institutions. To not have your directory information released go to <a href="http://www.jccmi.edu/norelease">http://www.jccmi.edu/norelease</a> . For more information on this policy please refer to the JC catalog or go online at <a href="http://www.jccmi.edu">www.jccmi.edu</a> . I assume full responsibility for the accuracy of the information on this form and am aware of my FERPA rights.  Student Signature _____ Processed By _____ Date _____	<b>DO YOU HAVE FINANCIAL AID?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  By registering, I understand that I am financially responsible for the classes for which I am about to register. If I fail to make payment according to the terms of my registration, my account may be charged for collection efforts. These fees may be up to 33% of the unpaid balance of my account. Non payment or non attendance does not constitute an automatic drop, withdrawal or refund.
Advisor:  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 _____	Student Signature _____