## ADD / DROP FORM

### PLEASE PRINT STUDENT INFORMATION BELOW

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH</th>
<th>STUDENT ID NUMBER</th>
</tr>
</thead>
</table>

### MAILING ADDRESS

<table>
<thead>
<tr>
<th>STREET ADDRESS REQUIRED</th>
<th>P.O. BOX</th>
<th>ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
</tr>
</tbody>
</table>

### CITY | STATE | ZIP CODE | GENDER | Male | Female |
|--------|-------|----------|--------|------|--------|

### Tuition Rate:
- ❑ Jackson
- ❑ Michigan
- ❑ Out of State
- ❑ Senior Citizen 65+

### Educational Goal:
- ❑ Guest
- ❑ JC Degree or Certificate
- ❑ Personal Interest
- ❑ Transfer
- ❑ Train for New Job

### Check for Degree or Certificate:
- ❑ Associate of Arts
- ❑ Associate of Science
- ❑ Associate of Applied Science
- ❑ Associate in General Studies
- ❑ Certificate
- ❑ Other

### Program of Study:

### Ethnicity:
- 1. Are you Hispanic or Latino? ❑ Yes ❑ No
- 2. Select one or more as appropriate:
  - ❑ American Indian or Alaska Native
  - ❑ Asian
  - ❑ Black or African American
  - ❑ Native Hawaiian
  - ❑ White

### Message Phone: (______) ____________________

### Home Phone: (______) ____________________

### Work Phone: (______) ____________________

### Cell Phone: (______) ____________________

### Other Contact: (______) ____________________

### Email Address: ____________________

### Program of Study:

### Instructors Use Only

<table>
<thead>
<tr>
<th>Code</th>
<th>Signature</th>
<th>Add</th>
<th>Drop</th>
</tr>
</thead>
</table>

*W = Waive Prerequisite
*I = Increase Capacity
*L = Late Enrollment

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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 http://www.jccmi.edu/norelease. For more information on this policy please refer to the JC catalog or go online at www.jccmi.edu. I assume full responsibility for the accuracy of the information on this form and am aware of my FERPA rights.

Student Signature: ____________________ By ____________________ Date ____________________

Advisor: ____________________

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: ____________________ By ____________________ Date ____________________

DO YOU HAVE FINANCIAL AID?

Yes ❑ No ❑

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.

Student Signature: ____________________

REV 04.07.14