



YEAR _____ FALL SPRING SUMMER
 PLEASE PRINT STUDENT INFORMATION BELOW

ADD / DROP FORM

LAST NAME		DATE OF BIRTH	STUDENT ID NUMBER
FIRST NAME	MIDDLE INITIAL		

MAILING ADDRESS STREET ADDRESS REQUIRED	P.O. BOX	ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE
		GENDER <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.). MESSAGE PHONE: (_____) _____	HOME PHONE: (_____) _____ WORK PHONE: (_____) _____ CELL PHONE: (_____) _____ OTHER CONTACT: (_____) _____ E-MAIL ADDRESS: _____
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TUITION RATE:	EDUCATIONAL GOAL:	CHECK FOR DEGREE OR CERTIFICATE:	PROGRAM OF STUDY:	ETHNICITY:
<input type="checkbox"/> Jackson <input type="checkbox"/> Michigan <input type="checkbox"/> Out of State <input type="checkbox"/> Senior Citizen 65+	<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	<input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Associate in Arts <input type="checkbox"/> Associate in General Studies <input type="checkbox"/> Associate in Science <input type="checkbox"/> Associate in Applied Science <input type="checkbox"/> Certificate		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

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 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 _____ Processed By _____ Date _____	DO YOU HAVE FINANCIAL AID? 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 _____