



**MANCHESTER  
COMMUNITY  
COLLEGE**

# Add/Drop Request Form

Registrar's Office, MS #12, Great Path, P.O. Box 1046, Manchester, CT 06045-1046

FALL \_\_\_\_\_  SUMMER \_\_\_\_\_

SPRING \_\_\_\_\_  OTHER \_\_\_\_\_

DATE (Mo., Dar, Yr.)

BANNER ID NO.

NAME (Last)

(First)

(M.I.)

**ADD: PLEASE LIST COURSES** Note: It is the student's responsibility to know and follow course prerequisites and corequisites.

CRN	SUBJECT	TITLE	CREDITS	DAY(s)	TIME	Prereqs Met

**DROP: PLEASE LIST COURSES**

CRN	SUBJECT	TITLE	CREDITS	DAY(s)	TIME	MET

Are you a Veteran? \_\_\_\_\_

Are you receiving Financial Aid? \_\_\_\_\_

I am currently registered for \_\_\_\_\_ credit hours and agree to pay for added credit hours if applicable.

STUDENT SIGNATURE

DATE (MO., DAY, YR.)

**REGISTRAR'S OFFICE USE ONLY**

STAFF SIGNATURE

DATE (MO., DAY, YR.)