DROP/ADD FORM

This form is intended for students to drop or add courses during the drop/add dates listed on the Registration & Records Supplemental Calendar, which is available on the Registration & Records page of AthensTech.edu. Forms may be submitted electronically to Registration@AthensTech.edu from your **@student.AthensTech.edu** email account. Drop/Add Forms from personal email accounts will not be accepted.

Term _____ Program of Study_____

Student's Full Name:			Student ID#:	

Courses to **ADD**			Courses to **DROP**	
Course	**CRN Number**		**Course**	**CRN Number**

Initial Each Blank

_____ It is highly recommended that you meet with your academic advisor each term as you select courses and prior to any schedule modifications. I confirm that I have met with my Advisor regarding course registration for this semester, or I confirm that I have a full understanding of the ways in which my actions may delay progress toward or help to achieve my overall academic plan and goals.

_____ It is highly recommended that you meet with Financial Aid prior to submitting this Drop/Add Form. I confirm that I have discussed my plan to drop and/or add the course(s) listed above with a staff member in the Athens Technical College Office of Financial Aid, or I have a full understanding of how this plan of action may affect my satisfactory academic progress, financial aid standing, and any others matters related to Financial Aid. For students who are not receiving Financial Aid, initialing this section is confirmation that you are self-pay and have no plan to utilize financial aid during this term and/or related to the course(s) listed above.

Final Step: Provide Signature.

I acknowledge that I am responsible for the tuition and/or associated fees of the course(s). I understand that dropping/adding the course(s) may affect future financial aid and/or lengthen the time to complete my program. **In addition, I am aware that a $45 late fee will be assessed if my initial course registration occurs during the first 5 days of the semester.**

Student's Signature_____ Date_____

For Internal Use Only

ATC Staff Validation_____
  Print Name and Provide Signature

☐ Valid Photo ID presented/email address verified

☐ Processed by _____