Kankakee Community College Change of schedule form 100 College Drive • Kankakee, IL 60901-6505										
Today's date/ Change for which term: Fall 20 Spring 20 Summer 20							Check one: Credit Division Continuing Education and Career Services Adult Education High school credit			
PLEASE PI Name:		LAS	ц I I I I I I I Т	FIRST				MIDDLE (F	 ULL)	
Student I.D). no.: r									
Withdrawal request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.							Reason for withdrawal Check only one:			
Course prefix	Course no. - - - - -	Section no. - - - - - - -	Course title	Sem. hrs.		r/division an signature	 BT - Better class time CH - Class too hard DS - Lack of disability services EC - Employment conflict FI - Financial problems FP - Family problems IC - Insufficient career help IW - Institutional withdrawal JP - Could not get help to find job LI - Lack of interest MO - Moving PC - Professor concerns TC - Too many classes TP - Travel problems UC - Unavailable child care WA - Called to active duty 			
	-	-								
Add roo	nuet s		responsible for providing corre			umboro on ti		ner (transfer, etc		
Course prefix	Course no.	Section no.	Course title	Sem. hrs.	Days		Location	Auth. signature/ prereq. met	re/ Instructor	
		-								
	-	-								
Student's			as been verified as correct, and		_ Date _		and Registrat	0	nanges in writing. Checker's initials	
Initials	SH enrollec Total withc prior to pro If less than	Irawal ("0" cessing the 6 SH and 1		cipient , prov the last date	e use only	/. ce of Financi Month	al Aid with cop Day _	by of change of	schedule and bill	