

KANKAKEE COMMUNITY COLLEGE CHANGE OF SCHEDULE FORM

- Check one:**
 Credit Division
 Corporate and Continuing Education
 Adult Education
 High school credit

Today's date ____/____/____

Change for which term: Fall 20____ Spring 20____ Summer 20____

PLEASE PRINT.

Name: _____
LAST FIRST MIDDLE (FULL)

Student I.D. no.: _____ Social Security no.: _____

Withdrawal request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.					Reason for withdrawal	
Course prefix	Course no.	Section no.	Course title	Sem. hrs.	Instructor/division chairperson signature	
-	-	-				
-	-	-				
-	-	-				
-	-	-				
-	-	-				
-	-	-				
-	-	-				

Check only one:
 CH - Class too hard
 EC - Employment conflict
 FP - Family problems
 FI - Financial problems
 HP - Health problems
 LI - Lack of interest
 PC - Professor concerns
 TC - Too many classes
 TP - Travel problems
 OT - Other (transfer, etc.)
 WA - Called to active duty

Comments:

Add request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.								
Course prefix	Course no.	Section no.	Course title	Sem. hrs.	Days	Times/Location	Auth. signature/ prereq. met	Instructor Overload
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						

I certify the above information has been verified as correct, and I will notify the Office of Admissions and Registration of further changes in writing.

Student's signature _____ Date _____
 Counselor's signature _____ Date _____

Checker's initials

For office use only.

_____ SH enrolled in after change

Initials _____ **Total Withdrawal ("0" SH above) and Title IV Aid Recipient**, provide the Financial Aid Office with copy of change of schedule and bill prior to processing the change of schedule and enter the last date attended. ____ **Month** ____ **Day** ____ **Year of last attendance**

Initials _____ If less than 6 SH and Title IV Loan Recipient, then student must contact the Financial Aid Office.

Student payment	Deferred amt. due	Term charges	Def. fee	Total	Receipt no.	Cashier's init.	Date
Student ID no.	<input type="checkbox"/> Cash <input type="checkbox"/> MOD/Cashier <input type="checkbox"/> Check <input type="checkbox"/> Charge card		Student refund	Code	Amount		

Cash refund received, student's signature _____