

Office of the Registrar - COURSE ADD/DROP/WITHDRAWAL FORM

2240 Iyannough Road | West Barnstable, MA 02668 774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Student ID	#	Semester (Fall/Intersession/Spring/Summer):Legal First Name:			Year:
Last Name:	·				Middle Initial:
70	Course #	Section #	Course Name	Days & Time	Advisor Signature*
Add	*Prerequisite Valid	ation Codes: 1. Tran	sfer Credit: 2. CLEP/AP: 3. CPT: 4. SIS. List	only if prerequisite has been met t	hrough credit not reflected on the student record.
Additional S Instructor(s Dean(s) Sig	ignatures Req s) Signature(s nature(s):	uired to Add a	Class after Drop/Add Period:		
>	Course #	Section #	Course Name	Reason fo	r Drop/Withdrawal
Vithdra					
Drop/Withdraw					
Add: You ma	the Academic	nedule, add or o		atus from audit to credit u	eriod o until the last day to change a schedule as e indicates verification that you have met
			it day to change a schedule as pu 100% refund. There are no refun		lendar, no record of the course will appear
			icies: <u>After</u> Last Day		
			se after the last day to change a s is submitted for the course. You		e Academic Calendar ONLY with instructor sed coursework.
be recorded	on your transo	cript. Payment i	st day to withdraw from an acade s non-refundable. Withdrawals n sponsibility to follow up with the	nay negatively impact your	the Academic Calendar; a grade of W will Satisfactory Academic Progress
*Student Signature: Date: *Indicates you have read the add/drop/withdrawal policies					