

Semester	Year
Fall	
Spring	
Summer	
Winter	



State University of New York  
**CLINTON**  
 Community College

For Office Use Only

Date/Initials:

\_\_\_\_\_

# Schedule Change Form

(Use to Add or Drop a Course)

\_\_\_\_\_ Student CCC ID Number

\_\_\_\_\_ Advisor's Signature (REQUIRED)

\_\_\_\_\_ Last Name

\_\_\_\_\_ First

\_\_\_\_\_ MI

## ADD A COURSE

Dept. & Course #	Sec.	Instructor's Signature

## DROP A COURSE

Dept. & Course #	Sec.	Instructor's Signature

**FINANCIAL AID:** The FAO is verifying completion of credits ONLY.  
 The FAO is not verifying that all courses count toward the degree.  
 This action WILL/WILL NOT result in loss of financial aid.

\_\_\_\_\_ Financial Aid Office Signature (REQUIRED)

**REFUND:** If you are entitled to a refund, the refund will be disbursed by check payable to the individual who is registered unless registration was paid for with a credit card or billed to a company. Refunds, cancellations or withdrawals for classes that were paid for with a credit card will be reimbursed directly to the credit card that was used for payment. If a company was billed for the tuition fee, the refund will be paid to the company.

Are you receiving or going to receive Veteran Education Benefits? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

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