



2600 Sixth St SW, Canton, OH 44710
 Phone: 330-363-6347

REGISTRATION ADD/DROP/WITHDRAWAL FORM

Fill out this section completely. (Please Print)

FIRST NAME	M.	LAST NAME
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TERM: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR: _____	TELEPHONE NUMBER
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Total Hours Before ADD/DROP/WITHDRAWAL:	Total Hours After ADD/DROP/WITHDRAWAL:
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DROPPING BELOW 6 HOURS: Will impact financial aid eligibility

ATTN: If Total Hours AFTER ADD/DROP/WITHDRAWAL DROP TO ZERO, please proceed to SECTION C

A \$20.00 Course Withdrawal Fee will be assessed for ALL changes in registration after the official add/drop date

SECTION A

ADD COURSE(S) - To add a course to your current schedule during the Add/Drop period at the beginning of each semester

CRN #	DEPT CODE	COURSE NAME	CREDITS	DAY/TIME OF COURSE

SECTION B

DROP COURSE(S) - To delete a course from your current schedule during the Add/Drop period at the beginning of each semester

WITHDRAW COURSE(S) - To unenroll a course from your current schedule AFTER the Add/Drop period. A grade of W will be issued.

CRN #	DEPT CODE	COURSE NAME	CREDITS	REASON FOR DROP

I understand that I am obligated to the tuition and fees charged if withdrawing after the published add/drop deadline of each semester/term.

Student Signature _____ Date _____

Advisor Signature _____ Date _____



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SECTION C

OFFICIAL WITHDRAWAL FROM ALL CURRENT SEMESTER CLASSES AT AULTMAN COLLEGE

I plan to return to Aultman College in the future: Yes No Uncertain

Please select your reason for withdrawing from Aultman College (Check all that apply)

Financial Personal Program of Study is not for me Transferring to Another Institution Unsuccessful

Other (Comments)

I have returned the following items: College ID Badge Radiography Binder Radiography Lead Markers

I have read the Withdrawal and Non-Attendance Policy, and I understand that I have two semesters/four sessions (BSNC) to return to Aultman College without reapplication for admission. The last semester I can return to enrolled status without reapplication is _____. I understand that it is my responsibility to contact my Advisor at least 30 days prior to the start of this semester if I wish to enroll in classes during this timeframe. Cohort programs are an exception to this policy.

I understand that I will be withdrawn from all my classes at the close of business the day following completion of this form except for requests made on the posted withdrawal deadline date.

Student Signature _____ Date _____

I have notified the student of the Billing Withdrawal/Refund, Satisfactory Academic Progress, and Return of Title IV Funds Withdrawal Policies as published in the college catalog and on the Aultman College website, if applicable.

Financial Representative Signature _____ Date _____

I have notified the student that they have been withdrawn from all courses.

Registrar Representative Signature _____ Date _____