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