



## Add/Drop/Withdraw Form

Hibbing Community College  
 Student Services Offices  
 1515 East 25<sup>th</sup> Street  
 Hibbing, MN 55746  
 1-800-224-4422 or 218-262-7200  
 Fax: 218-263-2992

Please use this form to add, drop, or withdraw from course(s)

Term:     Fall 20 \_\_\_\_\_     Spring 20 \_\_\_\_\_     Summer 20 \_\_\_\_\_

Student ID # or Star ID: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

**Add:** Courses may be added through the 5<sup>th</sup> day of the semester.

**Drop:** Courses may be dropped through the 5<sup>th</sup> day of the semester with no charge. After the fifth day of the semester, you are responsible for all costs generated.

**Withdraw:** Withdrawal from a course occurs AFTER the 5<sup>th</sup> day of the semester until 80% of the semester is completed. The grade of "W" will appear on your transcript. While withdrawing from a course does not affect your GPA, you must complete 67% of cumulative credits attempted or risk academic warning/suspension.

You must meet with a counselor/advisor prior to withdrawing from a course. No refunds are given for withdrawing from individual courses.

Action: Add or Drop or Withdraw (Circle One)	Course ID	Subject	Course Number	Title	Instructor Signature required if overriding full class, pre-reqs or adding after 5 <sup>th</sup> day of semester
A D W					
A D W					
A D W					
A D W					
A D W					
A D W					

If selecting W (withdraw) please enter last date attended: \_\_\_\_\_

**\*\*I understand that I am fully responsible for all costs generated by this registration or any repayment of Financial Aid funds generated by a Drop/Withdrawal.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_