Add/Drop/Withdraw Form
Hibbing Community College
Student Services Offices
1515 East 25th 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)

<table>
<thead>
<tr>
<th>Term:</th>
<th>Fall 20____</th>
<th>Spring 20____</th>
<th>Summer 20____</th>
</tr>
</thead>
</table>

Student ID # or Star ID: _____________________________ Date: _____________________________

Last Name: ___________________________________________ First Name: ______________________ MI ________

Phone No.: _____________________________ Email address: ______________________________________

**Add:** Courses may be added through the 5th day of the semester.

**Drop:** Courses may be dropped through the 5th 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 5th 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.

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

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: ________

An affirmative action, equal opportunity and educator. This document is available in alternative formats to individuals with disabilities by calling 1-800-224-4422