

Add/Drop Request Form

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Year _____

Student ID# _____
SSN (optional) _____
Your Cambridge College Location
<input type="checkbox"/> Cambridge, MA <input type="checkbox"/> Lawrence, MA <input type="checkbox"/> Augusta, GA <input type="checkbox"/> Memphis, TN <input type="checkbox"/> Chesapeake, VA <input type="checkbox"/> NITE <input type="checkbox"/> Inland Empire/ Ontario, CA <input type="checkbox"/> San Juan, PR <input type="checkbox"/> Springfield, MA

Student Contact Information	
Last name _____	First name _____
PLEASE PRINT CLEARLY	
Home telephone () _____	
Cell phone () _____	
Work phone / ext. () _____	
E-mail <input type="checkbox"/> home <input type="checkbox"/> work _____	
<p style="color: red;">Refer to the Academic Calendar for the last day of add/drop. In order for the Add to be processed, please indicate the following:</p> <input type="checkbox"/> Repeat Course; cannot register online. <input type="checkbox"/> Online registration closed, and the course has not started. <input type="checkbox"/> Course is full and I have the Professor's Signature _____ <input type="checkbox"/> Exceeds the maximum per term course load* _____ * Dean's signature required to approve overload.	

Course to be ADDED	Course to be DROPPED
Example: course # WRT101, Section # CA01	Example: course # CSG790C, Section # GA02
Course # Section # Title	Course # Section # Title
Instructor	Instructor
Course # Section # Title	Course # Section # Title
Instructor	Instructor
Course # Section # Title	Course # Section # Title
Instructor	Instructor

Note: Dropping a course may reduce or totally eliminate your financial aid for the semester. Please contact the Financial Aid Office to determine the effect this drop will have on your financial aid. Students are responsible for any funds that are cancelled, including any refunds you may have already received. By signing below, you acknowledge that you are aware of this regulation, and still request to drop the course(s) on this form.

After completing this form mail to:



Registrar's Office
 Cambridge College
 1000 Massachusetts Avenue
 Cambridge, MA 02138

Or fax to: 617-349-3560

Signature _____

Date _____