



GUAM COMMUNITY COLLEGE

DROP Form

(To be used during Add/Drop Period as stated in the GCC Schedule of Classes)

SEMESTER/YEAR	
SPRING	20 _____
SUMMER	20 _____
FALL	20 _____

LEGAL NAME: _____
LAST FIRST MI

STUDENT ID NUMBER

(e.g. SSN, Driver's License...)

If you've used another name (i.e., MAIDEN NAME) list here

Are you an I-20 Student? Yes No

DATE OF BIRTH: _____

DATA ENTRY	DATE	COURSE NUMBER/ SECTION	COURSE TITLE

REASON FOR DROPPING (Please check appropriate reasons)

<input type="checkbox"/> WRONG/CHANGE COURSE	<input type="checkbox"/> PERSONAL REASON	<input type="checkbox"/> FAILING CLASS
<input type="checkbox"/> CHILDCARE DIFFICULTIES	<input type="checkbox"/> REPEATED COURSE	<input type="checkbox"/> NO TRANSPORTATION
<input type="checkbox"/> LOCATION OF CLASS	<input type="checkbox"/> ECONOMIC DIFFICULTY	<input type="checkbox"/> CLASS/SCHEDULE CONFLICT
<input type="checkbox"/> DEATH IN THE FAMILY	<input type="checkbox"/> WRONG/CHANGE SECTION	<input type="checkbox"/> WRONG SEMESTER
<input type="checkbox"/> LACK OF INTEREST	<input type="checkbox"/> MEDICAL CONDITION	<input type="checkbox"/> LACKING PREREQUISITES
<input type="checkbox"/> LEAVING ISLAND	<input type="checkbox"/> INSTRUCTOR CONFLICT	<input type="checkbox"/> MILITARY DEPLOYMENT
<input type="checkbox"/> WORK SCHEDULE CONFLICT	<input type="checkbox"/> MISCELLANEOUS (please specify) _____	

I understand that if I decide to continue in any of the classes above, I will need to re-register and pay appropriate tuition & fees. I also understand that completion of my program may be delayed if this class(es) is not offered on a regular basis, and I will not be allowed to earn credit for this course under a Special Project arrangement.

STUDENT'S SIGNATURE: _____ DATE: _____

