Illinois Eastern Community Colleges

COURSE, PROGRAM, or CATALOG TERM CHANGE FORM

Use this form to: 1) ADD, DROP or WITHDRAW from a course 2) make a PROGRAM CHANGE or ADDITION **or** 3) request a CATALOG TERM CHANGE. Once completed, secure signatures and return form to Records Office.

SEMESTER (TERM/YR)	STUDENT ID	STUDENT NAME (PLEASE PRINT)

ADDRESS, CITY, ST, ZIP	PRIMARY PHONE

COLLEGE ATHLETE?   ___ YES   ___ NO (NOTE: Must be enrolled in 12 hours minimum)

Dropping / Withdrawing from all courses?   ___ YES   ___ NO

Complete this section for changes to Courses

↓ FOR ACTION CODE: A=Add / D=Drop / W=Withdraw

ACTION CODE	ATTENDED: Y=Yes/ N=No	REGISTRATION STATUS CODE	CRN	SUBJECT	COURSE	SECTION	CR HRS	GRADE MODE	INSTRUCTOR SIGNATURE

Select one

Drop/Withdraw Reason Code:
(Insert numeric/alpha code from list)

Expected Graduation Date:
(To be completed by Advisor)

I understand withdrawing from any or all courses may affect my student bill and eligibility to receive financial aid assistance, scholarships, and/or tuition assistance and I agree to pay any required tuition, fees, and/or financial aid, in accordance with Withdrawal Policy 500.30, Return of Title IV Funds Policy, and Return of Unearned Tuition Assistance Policy.

Student Signature: _____   Date: _____

Advisor Signature: _____   Date: _____

*** For Withdraws after the 10-day drop period ***

Retention Coordinator Signature: _____   Date: _____

*** For Administrative Withdraw ***

Dean of Instruction Signature: _____   Date: _____

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Complete this section for change or addition of Program

Old Program	New Program	Campus	Catalog Term	Department	Add'l Degree

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

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Complete this section for change of Catalog Term

Current Catalog Term	Requested Catalog Term

I acknowledge that I have reviewed the requirements for my program of study and have elected to continue under the requested catalog term as indicated above. I understand that in electing to change to this catalog term, my degree requirements might change and that additional courses may be required to complete my certificate/degree. I understand that I am required to meet ALL graduation requirements per the requested catalog term. I also understand that I am committed to this decision and cannot revise this commitment at a later date.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

******* Drop/Withdraw Reason Codes *******

Academic
  1A. Dissatisfied with instructor
  1B. Fell behind in coursework /
      Academically overwhelmed
  1C. Poor Grades / Not prepared for course
  1D. Missed too many classes
  1E. Computer/ Internet issues
  1F. Changed major

2. **Childcare**

Employment
  3C. Employment
  3D. Military

Financial
  4C. Having trouble paying my bill
  4D. No longer worth investment

Personal
  5A. Medical Issue
  5B. Family Emergency / Issue

7. **Transferring**

8. **Transportation**

9. **Other / DID NOT INDICATE**

10. **Moving**

11A. **COVID-19**

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