

# AUGUSTA TECHNICAL COLLEGE

## SCHEDULE CHANGE

**Student:** Complete the top portion of the form. You must have the instructor's signature for each class dropped and/or added. **Before you return the form to the Office of Student Records, you and your advisor must sign the form where indicated below.** You may be required to complete a Refund Request form by the Office of Admissions.

**Instructor:** Please be sure that all course information is correct. Enter the date the course was dropped/added and sign where indicated. Please include the student's last day attended in the LDA column.

**FOR YOUR INFO: ADD PERIOD - First TWO days BEFORE the QUARTER BEGINS.**

**NOTE:** Students with no financial obligation to the College may withdraw from courses during the first three (3) instructional days of the quarter without penalty. The Business Office will process refunds after the third week of the quarter. No refund is granted for withdrawals after the 3rd instructional day of the quarter.

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Quarter:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

CRN #	SUBJ	CRSE #	SEC #	ADD DATE	DROP DATE	LDA	INSTRUCTOR'S SIGNATURE

**Check the Financial Aid Program(s) you have applied for or from which you now receive benefits:**

- BASIC (PELL) GRANT**     
  **PEACH**     
  **VA**     
  **GEORGIA REHAB**  
 **HOPE**     
  **WIA**     
  **SCHOLARSHIP**

**STUDENTS WHO RECEIVE FINANCIAL AID MUST SEE A FINANCIAL AID COUNSELOR PRIOR TO WITHDRAWAL.**

**\*\*WARNING\*\*** A drop in credit hours may affect financial aid payments and eligibility!!

Student's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Financial Aid Office: \_\_\_\_\_

Dean/VPO Signature: \_\_\_\_\_

*(Signature needed only if adding after the 7th calendar day of the quarter)*

- REASON(S) FOR WITHDRAWAL:**
- |  |  |
|--|--|
| <input type="checkbox"/> College/Courses too hard        | <input type="checkbox"/> Personal/Family |
| <input type="checkbox"/> Complete Withdrawal             | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Completed Educational Objective | <input type="checkbox"/> Financial       |
| <input type="checkbox"/> Dissatisfied with college       | <input type="checkbox"/> Moved           |
| <input type="checkbox"/> Other: _____                    |  |

Is there anything the College could have done to help you stay in school?

No

Yes (Please explain below.)

\_\_\_\_\_

\_\_\_\_\_