

Kankakee Community College Change of Schedule Form

100 College Drive • Kankakee, IL 60901-6505

PLEASE PRINT.

Today's date ____/____/____

Change for which term: Fall 20____ Spring 20____ Summer 20____

Name: _____
LAST
FIRST
MIDDLE (FULL)

Student I.D. no.: _____

or Social Security no.: _____

Check one:

- Credit Division Continuing Education and Career Services
 Adult Education High school credit

Reason for withdrawal

Check only one:

- BT - Class time
- CP - Change of program
- DS - Lack of disability services
- EC - Employment conflict
- FI - Financial problems
- FP - Family problems
- HP - Health problems
- IC - Insufficient career help
- IW - Institutional withdrawal
- JP - Could not get help to find job
- LI - Lack of interest
- MO - Moving
- TC - Too many classes
- TP - Travel problems
- UC - Unavailable child care
- UPC - Underprepared for class
- WA - Called to active duty

Comments:

- OT - Other (transfer, etc.)

Withdrawal request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.

Course prefix	Course no.	Section no.	Course title	Sem. hrs.	Verified
-	-	-			ADV
-	-	-			ACCT
-	-	-			FA
-	-	-			
-	-	-			
-	-	-			

Add request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.

Course prefix	Course no.	Section no.	Course title	Sem. hrs.	Instructor prereq. met	Associate Dean prereq. met	Instructor Overload
-	-	-					
-	-	-					
-	-	-					
-	-	-					
-	-	-					
-	-	-					
-	-	-					

I certify the above information has been verified as correct, and I will notify the Office of Admissions and Registration of further changes in writing.

Checker's initials

I acknowledge the following: (1) I am modifying my course schedule which may have a financial impact on my balance due to KCC. (2) I have discussed the financial impact with the Accounting and Financial Aid offices. (3) If I withdraw after the refund period, I will be obligated to fully pay for the course(s) – even if I never attended any class sessions. (4) I am responsible for all legal fees and collection costs KCC may incur. My signature confirms I have read and understand these terms and conditions.

Student's signature _____ Date _____

Advisor's signature _____ Date _____

For office use only.

_____ SH enrolled in after change

_____ **Total withdrawal ("0" SH above) and Title IV aid recipient**, provide the Office of Financial Aid with copy of change of schedule and bill prior to processing the change of schedule and enter the last date attended. ____ Month ____ Day ____ Year of last attendance