



Office of the Registrar
Northwestern Connecticut Community College
 Park Place East, Winsted, CT 06098
 Phone: (860) 738-6314 Fax: (860) 738-6413

ADD/DROP FORM

Semester: **Fall 20** _____ **Spring 20** _____ **Summer 20** _____

Student ID @ _____ Social Security No. _____ Date of Birth _____

Name _____
Last First Maiden / Middle Name

Mailing Address _____ Home Phone _____
Number and street

_____ Cell Phone _____
City, state, zip

Is this a new address: Yes No Work Phone _____

DROP

CRN	Course Number	Course Title	Credits

ADD

CRN	Course Number	Course Title	Credits

Instructor signature required if you are adding a course after classes have started or if course is closed.

LATE REGISTRATION OVERRIDE			CLOSED SECTION OVERRIDE		
CRN#	Instructor Signature	Date	CRN#	Instructor Signature	Date

PAYMENT BY: Visa MasterCard Discover Debit Card Cash Check # _____

Card Number _____ Expiration Date _____ Amount \$ _____

Cardholder's Signature _____

Student Signature _____ Date _____

Office Use Only:
 DROPPED CREDITS _____ ADDED CREDITS _____ TOTAL CREDITS _____

Registrar's Approval _____ Date _____