



STUDENT SERVICES

6004 S. County Rd. G., PO Box 5009, Janesville, WI 53547 • (608) 757-7660 • fax (608) 743-4407 • registration@blackhawk.edu

COURSE ADD/DROP FORM

 Student Name Student ID

 Program Faculty or Dean Signature (as needed) Date

 Mailing Address City State Zip Co

Add:

CRN	Course Number	Course Name	Instructor

Drop:

CRN	Course Number	Course Name	Instructor

Explanation for course change:

Personal	Financial	Academic
<input type="checkbox"/> Attending a different school	<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Poor attendance
<input type="checkbox"/> Family/Childcare issues	<input type="checkbox"/> Concerns with Financial Aid	<input type="checkbox"/> Courses were not challenging
<input type="checkbox"/> Health	<input type="checkbox"/> Too expensive	<input type="checkbox"/> Courses were too challenging
<input type="checkbox"/> Work Schedule		<input type="checkbox"/> Quality of instruction
<input type="checkbox"/> Transportation		<input type="checkbox"/> Low grades
<input type="checkbox"/> Other personal (describe below)	<input type="checkbox"/> Other financial (describe below)	<input type="checkbox"/> Other academic (describe below)

Student Signature: _____ **Date:** _____

For Registration Office Use Only

Signature _____ Date _____