Start Term:_____

Scanned & Saved:_____

BREWTON-PARKER CHRISTIAN UNIVERSITY

_____ **DROP NOTICE** **Semester:** _____

_____ **ADD NOTICE**

Student Name: _____

SS NO. XXX-XX-_____ Last 4 Digits **OR** Student ID No. _____

REASON FOR CHANGE:_____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

COURSE NAME & NO.	CDT HRS	SESSION (Full term, I, II)	INSTRUCTOR	INITIALS	DROP OR ADD

Last Updated: 11/11//2025

Note: This form should be printed and completed by the student, professor, and advisor.
Students may be responsible for the cost of the course. Students will be assessed a drop/add fee per transaction.