



Independence Community College
 1057 W. College Ave., P.O. Box 708, Independence, KS 67301
 620/331- 4100 or 800/842- 6063 or www.indycc.edu

ADD / DROP FORM

Circle Semester: Summer Fall Spring **YEAR** _____

Student _____ SS#/ID# _____

Student Classification: ELP HS FR SO Post-Grad Date of Birth: _____ Race _____

Address: _____

Street City State Zip

County of Residence: _____ How long: _____ Telephone (H) _____ (W) _____

IF KANSAS RESIDENT LESS THAN 6 MONTHS, GIVE PRIOR ADDRESS _____

ACT or COMPASS Scores must be provided for enrollment in Math and English classes.

Courses to be Added to Schedule (EXAMPLE GIVEN)

	COURSE		CREDIT	COURSE TITLE	INSTRUCTOR	TIME	M	T	W	R	F
01	MIC 1003	0041	3	Introduction to Computing	S. Gaddy	8:00—8:58	X		X		x

NOTE: Developmental courses will not count toward graduation, transfer or the honor roll. *** Enrolling in 22 or more hours will require a signature by the Dean of Instructional Services.

TUITION REFUND POLICY

Spring & Fall Sessions _____ :

Full Refund First through 10th days of the semester
 No Refund After 10th day of semester

Evening, Mini, Mid-Term or Summer Sessions:

Full Refund Prior to second class meeting
 No Refund Remaining Class Days

STUDENTS MUST WITHDRAW WHEN THESE REFUND DATES HAVE PASSED

Courses to be Dropped from Schedule (EXAMPLE ABOVE)

	COURSE		CREDIT	COURSE TITLE	INSTRUCTOR	TIME	M	T	W	R	F

1. All Students must complete an Add/Drop form to add/drop a class. Degree seeking students must have an advisor's signature on the form. Completed forms should be turned into Student Services. Add/Drop forms are available in Student Services & Office of Instruction.
2. Requests for refunds may be made to the VP of Academic Affairs for special circumstances, such as military obligations, illness, or death.

NOTE: **After the final drop date students must complete a Withdrawal form. The Withdrawal policy is in the ICC Catalog on our website.

Student's Signature *Date*

Instructor's signature for late enrollments only *Date*

Advisor's Signature (If enrolled full-time) *Date*

Bookstore Signature (scholarship or rental books) *Date*

Entered by *Date*

 *** *VP of Academic Affairs Signature* *Date*
 (If enrolling in 22 or more hours)

Applicants for admission and employment, students, parents, employees, sources of referral of applicants for admission and employment and all juniors or professional organizations holding negotiated agreements or professional agreements with the institution are hereby notified that this Institution does not discriminate on the basis of race, religion, color, national origin, sex, age, or disability in admission or access to, or treatment, or employment in its programs and activities. Any person having inquiries concerning Independence Community College's compliance with the regulations implementing Title VI, Title IX, and Americans with Disability Act of 1990 is directed to contact the persons who have been designated to coordinate the educational institution's efforts to comply with the regulations implementing these laws.