



**Asnuntuck
Community College**

ADD/DROP FORM

Registrar's Office, 170 Elm Street, Enfield, CT 06082
(860) 253-3017 Fax: (860) 253-3016

Semester Add/Drop: FALL 20 ____ SPRING 20 ____ SUMMER 20 ____ WINTER 20 ____

Student ID # _____ DOB _____

NAME: _____
Last First Middle/Maiden Name

If any of your contact information has changed, please complete the following:

Address _____
Number, Street, City, State, Zip

Email Address _____ Primary Phone _____

Are you receiving VA Benefits? Yes No Are you receiving Financial Aid? Yes No

Please follow the specific directions as they pertain to added and/or dropped classes as stated in the Add/Drop Policy. References to various weeks in which to add/drop pertain to Fall & Spring semesters only.

ADD

CRN	SUBJ.	CRSE.	Title	CR	Days	Time
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	

DROP

CRN	SUBJ.	CRSE.	Title	CR	Days	Time
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	

Advisor's Signature _____ Date _____

REFUND POLICY: Application, Student Activity, and College Service Fees are **NON-REFUNDABLE**. For more detailed information, please visit www.asnuntuck.edu/tuition-fees or you may obtain a Student refund Policy brochure at the Cashier's Office. **Fall/Spring Semesters:** A refund of 100% of Tuition and Lab Fees will be granted for notices of withdrawal received prior to the first day of the semester. A refund of 50% of Tuition and Lab Fees will be granted for notices of withdrawal received from first day of the semester through the fourteenth calendar day of the semester. No refunds will be granted after the fourteenth calendar day of the semester. **Summer/Winter Semesters:** A refund of 100% of Credit Extension and Lab Fees will be granted for notices of withdrawal received on or before the last business day before the first class meeting. No refunds will be granted as of the first day of the class.

To the best of my knowledge, the information on this form is complete and accurate. I assume responsibility for knowing and following course prerequisites, co-requisites, program requirements, and payment obligations.

Student Signature _____ Date _____

Authorized: Yes No If yes, Refund Category: Total Full Tuition Half Tuition

Notice of Non-discrimination: Asnuntuck Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the basis of veteran status or criminal record. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Yhara Zelinka, Title IX Coordinator, yzelinka@asnuntuck.edu (860) 253-3092 and Cheryl Cyr, 504/ADA Coordinator, ccyr@asnuntuck.edu (860) 253-3045, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082. Políticas Antidiscriminatorias: Asnuntuck Community College no discrimina por razones de raza, color, creencias religiosas, edad, género, nacionalidad, estado civil, ascendencia, historia presente o pasada de discapacidad mental o física, problemas de aprendizaje, orientación sexual, Identidad y expresión de género, o información genética, en sus programas o actividades. Adicionalmente Asnuntuck no discrimina individuos por razones pertinentes a la categoría de veteranos o historia criminal. Las siguientes personas han sido designadas para resolver cualquier inquietud pertinente a las políticas antidiscriminatorias: Yhara Zelinka, Title IX Coordinator, yzelinka@asnuntuck.edu (860) 253-3092 and Cheryl Cyr, 504/ADA Coordinator, ccyr@asnuntuck.edu (860) 253-3045, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.