



DROP/ADD/WITHDRAWAL (DAW) FORM

HACC ID					Semester		Year		
Last Name					First Name		Middle Initial		
Important Information about Financial Aid and Veterans Benefits <i>Prior to dropping or withdrawing from courses, consult with the Office of Financial Aid or Military and Veterans Affairs to determine the impact on your financial aid award and future eligibility.</i>					<input style="width: 40px; height: 30px;" type="checkbox"/> <input style="width: 40px; height: 30px;" type="checkbox"/>		I am requesting to be re-enrolled in a course with a pending drop status. I am requesting to switch courses.		
Schedule/Class Change !!!STOP!!! Dropping classes may affect your financial aid, veterans/medical benefits, and/or health career clinical candidacy.					Faculty Overrides - This section is to be completed by the instructor of the class .				
A D D	CRN Number	Subject (ex: Math, Engl)	Course Number	Credit Hours	Capacity/ Overload	Late	Pre-requisite	Authorized Signature	Today's Date
					☐	☐	☐		
					☐	☐	☐		
					☐	☐	☐		
					☐	☐	☐		
					☐	☐	☐		



DROP/ADD/WITHDRAWAL (DAW) FORM - 2nd Page

HACC ID					Last Name	
D R O P	CRN Number	Subject (ex: Math, Engl)	Course Number	Credit Hours	Faculty-initiated Drops Only (LDA required for all Faculty-initiated drops)	
					☐	Stopped Attending - W
					☐	Stopped Attending - F
					☐	Student is being dropped as a result of academic dishonesty (BIT required) and should be assigned an F grade.
					Last date of attendance: (Required)	
					Instructor Signature: Date	
By signing this form: - I agree to abide by the policies and regulations of HACC, Central Pennsylvania's Community College; - I authorize HACC to use my financial aid funds to pay tuition, fees and any other HACC charges; - I will be dropped from my classes if I fail to pay tuition in full or make payment arrangements by the due date; - I will notify the College and formally drop courses in the event that I decide to discontinue my enrollment; - I will remain enrolled in "drop pending status" for 4 calendar days for any courses I am dropping; - I take full responsibility for the outcome of the courses added.						
The completed form must be emailed to dawform@hacc.edu. However, all required signatures and information must be entered to process the form. The effective date will be the date the completed form is received.						
Student Signature		Date	Advisor Signature <i>(if needed)</i>		Date	Advising Code <i>(if needed)</i>