J.F. Ingram State Technical College

Drop / Add Grade Change Form

PLEASE PRINT IN BLACK INK

Date of Request: _____

Directions to Applicant: Complete form and return to the Student Services office.

_____

Last Name First Middle/Maiden

_____ _____ _____

Social Security Number AIS Number Program of Study

Current Semester: [ ] Fall [ ] Spring [ ] Summer Year: _____

Dropped Courses

Course Number	Section	Course Title	Instructor's Signature	Credit Hours	Day/Time Class
Reason for Drop/Add					

Added Courses

Course Number	Section	Course Title	Instructor's Signature	Credit Hours	Day/Time Class
Reason for Drop/Add					

Total Hours Before Change: _____ Total Hours After Change: _____

Grade Change

Course Number	Section	Course Title	Instructor's Signature	Old Grade	New Grade	Day/Time Class
Reason for Change						

_____ _____

Student's Signature Date Instructor / Advisor's Signature Date

Keyed by/Date: _____

This form supersedes all previous forms and will not be modified in any form. (8/2017)