

Add/Drop Card

NOT to be used if dropping ALL courses
 (Use online Withdrawal Form through PAWS)

To complete this process return card to Registrar's Office
 Parks Hall, Rm 107
 CBX 069
 Fax: (478) 445-1914

911- _____
 GCID _____ Last Name _____ First Name _____ Phone _____

	CRN	Subject	Course #	Sec. #	Instructor Signature Required after the last day of add/drop period	Date	Department Chair Required after the last day to add	Date
ADD								
DROP								

****All overrides will be entered by department****

 Advisor Signature (only if advisor hold exists) _____ Date _____

By signing this form, I agree to pay all student balances by the payment deadlines set forth by the Office of Student Accounts. I agree to reimburse Georgia College the fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the debt, all costs and expenses, including attorney's fees and court costs incurred in such collection efforts for failure to pay account balances.

 Student Signature _____ Date _____