



☐ Spring

☐ 2023

☐ Summer

☐ 2024

☐ Fall

☐ 2025

SCHEDULE REQUEST FORM

Submit completed form to Admissions@mccd.edu

☐ New/Returning Student

☐ Continuing Student

☐ K-12 Student

|                        |            |                |  |
|------------------------|------------|----------------|--|
| Student ID#            |            | Phone Number   |  |
| Last Name              | First Name | Middle Initial |  |
| Student Signature<br>X |            | Date           |  |

COURSE ADDS-Please make sure form is complete, signed, and dated.

| SECTION NO.                                                                                                                                                                        | COURSE   | UNITS | DAY | TIME   | BLDG/ROOM | OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript                   |                                            |          |                                                 |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|-----|--------|-----------|------------------------------------------------------------------------------------|--------------------------------------------|----------|-------------------------------------------------|--------------------------------|
| EXAMPLE:<br>1001                                                                                                                                                                   | ENGL-01A | 4     | MWF | 7-10pm | IAC-122   | INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 <sup>RD</sup> WEEK |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           | COUNSELOR SIGNATURE<br>IF PREREQUISITES NOT MET                                    | PLACEMENT<br>OVERRIDE<br>APPROVED<br>USING |          | INSTRUCTOR'S<br>SIGNATURE TO ADD<br>(IF NEEDED) | DATE OF<br>FIRST<br>ATTENDANCE |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    | MM<br>✓                                    | OTR<br>✓ |                                                 |                                |
| STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE<br>WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES. |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |
|                                                                                                                                                                                    |          |       |     |        |           |                                                                                    |                                            |          |                                                 |                                |

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.

| SECTION NO.      | COURSE   |
|------------------|----------|
| EXAMPLE:<br>1001 | ENGL-01A |
|                  |          |
|                  |          |
|                  |          |
|                  |          |
|                  |          |
|                  |          |
|                  |          |

☐ Enter one that applies to reason for dropping courses.

1. Attending Another School

2. Changed section

3. Too Difficult

4. Child Care Issues

5. Family Issues

6. Financial Aid Disbursement

7. Instructor Issues

8. Legal Obligations

9. Medical Issues

10. Lack of Motivation

11. Textbook/Material Costs

12. Transportation

13. Tuition Costs

14. Work Conflict

15. Changed Mind

OFFICE USE ONLY

COUNSELOR SIGNATURE REQUIRED ONLY IF DROPPING GUID-54

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.

| SECTION NO.      | COURSE   | UNITS |
|------------------|----------|-------|
| EXAMPLE:<br>1001 | ENGL-01A | 4     |
|                  |          |       |
|                  |          |       |
|                  |          |       |
|                  |          |       |
|                  |          |       |
|                  |          |       |

PASS/NO PASS OPTION

|                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2024 |
| <input type="checkbox"/> Summer | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> Fall   | <input type="checkbox"/> 2026 |

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☐ New/Returning Student      ☐ Continuing Student      ☐ K-12 Student

|                        |  |              |                |
|------------------------|--|--------------|----------------|
| Student ID#            |  | Phone Number |                |
| Last Name              |  | First Name   | Middle Initial |
| Student Signature<br>X |  | Date         |                |

[illegible]

### PASS/NO PASS OPTION

[illegible]