

Hopkinsville



Community College
PO Box 2100, 720 North Drive
Hopkinsville KY 42241
270/707-3700

Registration/Drop-Add Form

(Circle One) Spring Fall Summer
I/II I/II

Last Name _____

First Name _____

Middle Initial _____

STUDENT ID# _____

Date _____

Phone _____

Check if you wish to change personal information or if it has been at least one semester since you have been enrolled. Please change my contact and student information in your official record to the listing(s) on the reverse side.

PLEASE ENTER THE CLASS SCHEDULE INFORMATION BELOW

***Note: If dropping/adding a class after mid-term through the end of the semester, permission must be given by the instructor in the form of a KCTCS email or as a signed memo on official Hopkinsville Community College letterhead addressed to the Admission/Records Office. This correspondence must reach the Admissions/Records Office within five (5) business days of the instructor's consent. If the drop/add involves another instructor additional signatures are required. Please see the Admissions/Records Office for the necessary documentation required to complete the request.**

	Class #	Catalog #	Credits	Course Title	Day(s)	Time(s)
ADD						

	Class #	Catalog #	Credits	Course Title	Day(s)	Time(s)
DROP						

Are you withdrawing from all your classes for this term? _____

Would you like to speak to someone about alternative actions you can take to avoid withdrawal? _____

Reason for withdrawal _____

Student Signature _____

Advisor Signature _____
(Required if Academic Plan Not on File)

Financial Aid Approval _____

Veteran Affairs' Approval _____

Dean's Approval _____

Division Chair's Approval _____

Date Received _____

Processed By _____

All applicants meeting the appropriate academic requirements and technical standards shall be considered equally for admission to a community college or any academic program thereof regardless of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, or physical or mental disability.

You may verify this transaction by using your PeopleSoft Student Self-Service account to view your revised schedule.

CHANGE OF INFORMATION FORM

INFORMATION ON CURRENT RECORD

STUDENT ID #: _____ Date of Birth _____
(DO NOT USE YOUR SOCIAL SECURITY NUMBER)

First Name _____ Last Name _____

Are you a KCTCS Employee or Work Study Student? YES _____ NO _____

Do you receive Veterans Benefits? YES _____ NO _____

PLEASE INDICATE THE CHANGES YOU WOULD LIKE MADE

NAME CHANGE

First Name _____ Last Name _____

ADDRESS CHANGE

Street _____

City _____ County _____ State _____ Zip _____

Phone Number _____

ACADEMIC PLAN CHANGE

Current Academic Plan _____

New Academic Plan _____

HOME CAMPUS CHANGE

Home Campus _____ New Home Campus _____

GRADUATION DATE CHANGE

Please Change My Graduation Date To _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY

ADVISOR CHANGE

New Advisor (PRINT) _____

New Advisor (SIGNATURE) _____

Date Completed _____ Initials _____