



SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System
Established 1967*

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SCHEDULE CHANGE FORM

STUDENT INFORMATION

First Name		Curriculum Program	
Middle Name		Withdrawal Date	
Last Name		Academic Year	
Student ID#		Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

ADD COURSES

Course Prefix/ Number	Section	Course Title	Credits	Meeting Days	Times	Advisor Signature

DROP COURSES

Course Prefix/ Number	Section	Course Title	Credits	Census Date (on roster)	Last Date of Attendance	Grade	Status	Instructor Signature (required for processing)

REASON FOR SCHEDULE CHANGE (Please provide detailed explanation)

Student Signature		Date	
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STUDENT SERVICES USE ONLY

Credit Hours Before Change		Credit Hours After Change	
Comments:			
Date Processed		Authorized Staff Signature	
Financial Aid/VA	Y	N	Financial Aid/VA Signature

BUSINESS OFFICE USE ONLY

Original Registration Receipt Number		Validation Area
Tuition for Credit Hours After Change		
Less Tuition Paid		
Tuition Due (Code _____)		
Student Activity Fee		
Parking Fee		
Insurance Fee		
Total Charges		

_____ No Refund – courses dropped after refund date.
_____ Refund Approved.