

# Drop / Add / Withdraw Form

**\* This is not a Registration Form \***

Name: _____  Address: _____ <div style="text-align: center; font-size: small;">Street Address</div> <hr/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>City</span> <span>State</span> <span>ZIP Code</span> </div> <hr/> <div style="text-align: center; font-size: x-small;">@</div> <hr/> <div style="text-align: center; font-size: x-small;">E-mail Address</div>	Phone (H): _____  Phone (W): _____  Soc. Sec. #: _____  Date of Birth: _____  <b>Is this a change of Name or Address? ___Yes ___No</b>
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### Non-refundable Fees/Tuition

**Late Registration:** Registrations with all required documentation and payment must be received one week before class starts to avoid a \$50 late registration fee.

**Trinity Campus Parking:** \$5 fee → Parking permit will be mailed with registration confirmation.

**Drop:** This action is for a course that has not started. A \$50 administrative fee will be charged to the student's account for each dropped course. → To drop a course, this form must be submitted before the first class meeting.

**Withdraw:** This action is for a course that has started; withdraw status prevents a failing grade, but **tuition is non-refundable after the start of class.** → To withdraw, this form must be submitted before the last class.

I want to **ADD** the following course(s) to my schedule:

Course #	Course Title	Location	Dates

I want to **WITHDRAW** or **DROP** from the following course(s):

Course #	Course Title	Location	Dates	Action
				D / W
				D / W

**Certification:** *I understand that I am responsible for and agree to pay all charges I incur at Trinity, and that if I withdraw I must do so in accordance with the policies and procedures for the term in which I am enrolling. I understand that I may be required to pay a \$50 fee if I drop a course before it begins, and that I am not eligible for a refund if I withdraw from a course after it begins. I understand that if I add a lab course I am responsible for the additional \$10 lab fee that I will incur. I understand that if my account becomes delinquent, I will be liable for collection costs and legal fees. I have read and understand the policy on Student Financial responsibility.*

\_\_\_\_\_ Signature

\_\_\_\_\_ Today's date

**Fax: 202-884-9084 or Mail: Trinity: Main 252, 125 Michigan Ave NE, Washington, DC 20017**

#### When adding a Technology course a \$10 Lab Fee applies.

<b>Method of Payment:</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <b>Credit Card:</b> <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	<b>Acct. #:</b> _____ <b>3 # security code on back of card:</b> _____ <b>Expiration Date:</b> __ / __ / __
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#### Trinity Use Only

Approved by _____	Date _____
\$50 drop fee charged _____	Refund granted _____