

Riverland

COMMUNITY COLLEGE

A Technical & Community College

DROP / ADD / WITHDRAW FORM

STUDENT NAME _____ TECH ID _____ DATE ____ / ____ / ____

COURSE ID	SUBJECT	COURSE NBR	SECTION	TRANS	INSTRUCTOR	TERM
						<input type="checkbox"/> FALL
						<input type="checkbox"/> SPRING
						<input type="checkbox"/> SS I
						<input type="checkbox"/> SS II

TRANSACTION CODE

ADD - A DROP - D WITHDRAWL - W

STUDENT SIGNATURE _____

ADVISOR _____

REASON FOR **TOTAL** WITHDRAWAL _____

Please Print and mail or fax to: Registrar's Office
Attn: Kelly Downey
Riverland Community College
1900 8th Ave NW
Austin MN 55912
507-433-0520
FAX: 507-433-0515

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.

Albert Lea Campus
2200 Riverland Drive
Albert Lea, MN 56007
507-379-3300

Austin Campus
1900 Eighth Avenue NW
Austin, MN 55912
507-433-0600

Owatonna College & University Center
965 Alexander Drive SW
Owatonna, MN 55060
507-455-5880

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