

Kansas City Kansas Community College™

HIGH SCHOOL ADD/DROP FORM

Today's Date: _____

Year: _____ Semester: Fall Spr Sum

Student ID #	
(First)	(Middle)
	(Last)

Address: _____
(Number and Street) (City) (State) (Zip)

High School: _____

ADD

Dept	Course#	Sec #	Course Title	Cr Hrs

DROP

Dept	Course#	Sec #	Course Title	Cr Hrs

Reason for Drop _____

Student's Signature _____ Date _____

High School Personnel Signature _____ Date _____

----- **FOR OFFICIAL USE ONLY** -----

KCKCC High School Liaison _____ Date _____

KCKCC Dean of Enrollment Management _____ Date _____