



Fillable PDF Form

Instructions - DO NOT USE A MOBILE DEVICE

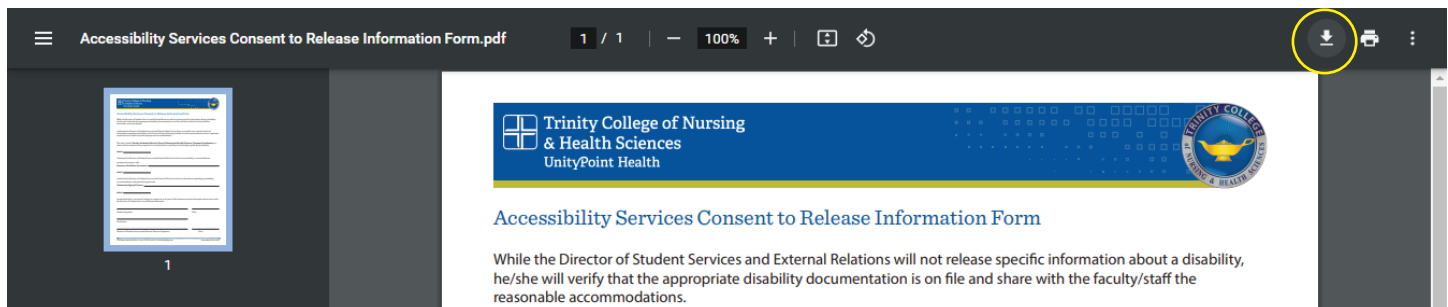
- Please follow these steps to assist you with filling out this digital form.

BEFORE YOU BEGIN:

- Be sure you have downloaded Adobe Reader DC to your laptop: <https://get.adobe.com/reader/>
- Do not use any other PDF application only use Adobe Reader DC
- Prepare a file location to download the form

GETTING THE FORM FROM WEBSITE TO LAPTOP:

- Do not fill out the form while online using the browser
- You will need to download the form from our website
- At the top right of the open form window is a download icon.
 - (Sample screenshot of a form browser window not actual form naming scheme for this form)



- By default your file will want to download to the downloads folder on your laptop unless you choose a different location - Click Save
- Open Adobe Reader DC - Select the downloaded PDF form from within the program. Don't double-click from the forms location, it may open the browser and if you fill out the form none of the data will send or be saved.
- Fill out the form and when you are ready to save go to File and select Save
- How to attach PDF to your email.
 - Open your email service.
 - Create an email and attach your filled PDF form and send to Cara.Banks@trinitycollegeqc.edu



Add/Drop Form: General Education Courses & Clinical Make-Up Unit

*** THIS FORM MUST BE SUBMITTED ELECTRONICALLY, VIA EMAIL**

SUBMIT THIS FORM WITH A COLLEGE WITHDRAWAL FORM IN THE EVENT THAT BY DROPPING THIS COURSE YOU ARE NO LONGER ENROLLED IN ANY COURSES

Fall Semester 20 _____ Winter Semester 20 _____ Spring Semester 20 _____ Summer Semester 20 _____

STUDENT NAME: (Top portion must be completed in its entirety.)

(Student Last Name) (First Name) (Middle Name)

(Address) (City, State) (ZIP)

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security# _____ - _____ - _____ Birthdate: _____ - _____ - _____

Student's E-mail Address: _____

CLASSIFICATION: AAS BSHS BSN MSN

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER <i>*NOT APPLICABLE TO PORTAGE CLASSES</i>	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR, BHC, EICC)	WP - Withdrawal Passing WF - Withdrawal Failing A - Add D - Drop

CMU COURSE	FACULTY	DATE OF MISSED CLINICAL	REASON FOR MISSED CLINICAL	DATE OF CMU	A - Add D - Drop

Advisor Signature: _____ Date: _____

Program Director/Chair Signature: _____ Date: _____

REFUND POLICY

It is very important to be aware of the Refund Policy. The Refund Policy varies by the institution in which the courses are offered, therefore students should check the Refund Policy for that institution.

I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION AND FEES FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. **This form will not be processed without a student signature.**

Student's Signature: _____ Date: _____



Portage Learning Registration Acknowledgement

Only complete this form if you are registering for a course through Portage Learning! You **MUST** submit a [FERPA Release of Information Form](#) in order to register for a Portage course.

StudentName: _____

I understand that I must complete my Portage learning general education course(s) within the Trinity College semester for which I am registering.

_____ I will complete the general education course(s) through Portage by _____ / _____ / _____
Student initials See <https://www.trinitycollegeqc.edu/portage-learning.aspx> *(Advisor enter semester end date)*
for more details.

_____ I understand with courses taken through Portage, each assignment must be completed and graded prior to moving on to the next
Student initials assignment. There may be up to 72 hours between assignment submission and grading.

_____ I understand that failure to complete the general education course(s) within the Trinity College semester as stated above, will result in
Student initials my withdrawal from the course(s) in which I am enrolled. I further acknowledge I will be issued a failing grade for these course(s) I do not complete within the designated semester, and I will be responsible for any outstanding balance on my Trinity College account.

_____ I have completed the [FERPA Release of Information Form](#). It will be attached and submitted with this Add/Drop Form.
Student initials

Advisor Signature: _____

Date: _____

Student Signature: _____

Date: _____