

**INSTRUCTIONS**

Students under the age of 18 must have a parent signature to **ADD** a course/s.  
**Unsigned or incomplete forms will not be processed.**

**Return completed forms by:**

**Mail:** Blue Mountain Community College, 2411 NW Carden, Pendleton, OR 97801  
**Email:** [getinfo@bluecc.edu](mailto:getinfo@bluecc.edu) **Fax:** 541-278-5871

**TERM OF ENROLLMENT**

Indicate which term you are enrolling for:

\_\_\_\_\_ Fall (Sep-Dec)      \_\_\_\_\_ Winter (Jan-Mar)  
 \_\_\_\_\_ Spring (Apr-Jun)      \_\_\_\_\_ Summer (Jun-Aug)

**PERSONAL INFORMATION – PLEASE PRINT**

BMCC ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**ADD A COURSE**

Indicate below course/s to be added to your schedule.

Course ID	Sec #	Course Title	Audit Y/N	Cr. Hrs.	Instructor's Signature (If required)

**DROP/WITHDRAW**

Indicate below which course/s you wish to be dropped/withdrawn from.

**NOTE:** Courses are considered "dropped" when processed during the 100% refund period for that course.

Course ID	Sec #	Course Title	Audit Y/N	Cr. Hrs.	Instructor's Signature (If required)

**COMPLETE DROP/ WITHDRAW**

- IF YOU WOULD LIKE US TO DROP/WITHDRAW YOU FROM ALL OF YOUR COURSE/S FOR THE TERM AND YEAR INDICATED ABOVE PLEASE MARK THIS BOX.** Please indicate below reason for complete drop/withdraw. If you are withdrawing for medical reasons or due to being called for active duty for military reasons please be sure to attach documentation regarding same.

**REASON:** \_\_\_\_\_

**STUDENT SIGNATURE - REQUIRED**

I understand that adjusting my schedule may affect my credits/classes required to complete my degree or certificate and I assume the responsibility for any changes that may occur as a result of adjusting my schedule.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Parent Signature (required if student is under 18) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

**SCHEDULE CHANGE FORM**