

ABOUT YOU

 Student Name _____
LAST FIRST M FORMER

Student ID _____

 Semester: Fall Winter Spring Summer

DROP

Department	Course Number	Section	Credits	Audit	Instructor's Signature

ADD

Department	Course Number	Section	Credits	Audit	Instructor's Signature

Advisor's Signature _____

Student's Signature _____ Date _____

This form should be used to make changes in your schedule of classes for a given semester. It is not a registration form or a college withdrawal form.

FOR OFFICIAL USE ONLY

ACCEPTANCE
 DATE & INITIALS

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education programs or employment pursuant to Massachusetts General Laws: Chapter 151B and 151C; Title VI, Civil Rights Act of 1964; Title IX; Education Amendments of 1972; Section 504; Rehabilitation Act of 1973; Americans with Disabilities Act; and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504). All inquiries concerning application of the above should be directed to Deborah Cote, Vice President of Human Resources and Affirmative Action Officer; and Coordinator of Title IX and Section 504, at (413) 236-1022, SBA Annex, Room A-20.

Accommodations for students with disabilities - It is a college policy to provide, on a flexible and individualized basis, accommodations reasonable to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to discuss their individual needs for accommodations with Pamela Farron (Ext. 1608) in the Disability Resource Center located in the Student Development Center (next to the College Store) in the Susan B. Anthony Center.

White Copy: Registrar; Yellow Copy: Student