



SCHEDULE CHANGE REQUEST

Blue Mountain Community College
 2411 NW Carden, P.O. Box 100
 Pendleton, OR 97801
 (541)278-5759 Service Center
 (541)278-5871 Fax
getinfo@bluecc.edu

- Students under the age of 16 must have a parent signature to **ADD** a course/s.
- **Unsigned or incomplete forms will not be processed.**

TERM OF ENROLLMENT

_____ 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)

By signing below, I hereby understand and consent to: be registered for the courses indicated above; and understand and agree that students, parents, or legal guardians will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature _____ Date ____/____/20____

Parent Signature (required if student is under 16) _____ Date ____/____/20____

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Indicate below which course/s you wish to be dropped/withdrawn from.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

COMPLETE DROP/ WITHDRAW

MARK THIS BOX IF YOU WOULD LIKE US TO DROP/WITHDRAW YOU FROM ALL OF YOUR COURSE/S FOR THE TERM AND YEAR INDICATED ABOVE.

By signing below, I hereby understand and consent to: be dropped/withdrawn from courses listed above; and understand and agree that students, parents, or legal guardians will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature _____

Date ____/____/20____