

B-S-ID
 DROP/ADD/ENROLL UPDT_RG
 BCC ID # _____

COURSE SCHEDULING FORM



Date _____ Semester: Fall Spring Summer Year _____

Name: _____ BCC ID# _____

Courses to be added:

CRN	Dept/No.	Course Title	Credit Hrs	Time	Days

Courses to be dropped:

CRN	Dept/No.	Course Title	Credit Hrs

By signing below, I understand I am incurring a legal obligation and I am financially responsible to pay all tuition and fees associated with this registration at Butler Community College. I further understand I will not be dropped from my classes for failure to pay or failure to attend. If I wish to drop with a refund, I must drop the class by the Last Day to Drop with Refund per the Butler calendar at butlercc.edu/calendar.

_____ Student signature	_____ Date	_____ Advisor signature
Excess Hours Approved _____	Advisor Initials _____	<input type="checkbox"/> Drops (DD) 100% refund <input type="checkbox"/> Drop(R / WD) No refund
AR Hold Approval: _____	Date _____	Enrollment processed by staff member _____ Location _____
Special approval signatures:		
Instructor _____	Date _____	
Dean/Site Director _____	Date _____	

Office Use Only	
Date:	_____
Update Term:	_____
Advisor:	_____
Updated By:	_____

Today's Date: _____ ***Confidential?** Y N
 *Marking records "Confidential" may prevent Butler from verifying beneficial information such as degree earned, dates of attendance, etc.

Name: _____ **Student ID:** _____ **Date of Birth:** _____

Preferred First Name: _____ **Catalog Term** _____

Gender Designation (Circle One): M-Man W-Woman N-Non-Binary/Gender Nonconforming T-Transgender O-Other U-Prefer not to Answer

Last Term Completed _____ **Cell Phone** _____ **Agree to receive texts from Butler** Y N

Are you Homeless? Y N **Are you currently out of work?(Laid Off or Furloughed?)** Y N

Do you qualify for Pell Grants or are you Economically Disadvantaged? Y N

Legal Address: _____ **State** _____ **Zip** _____

Mailing Address (while attending Butler): _____ **State** _____ **Zip** _____

Download the Grizzly Safe (Butler Emergency Alert Reporting System) app for more safety & campus information features.

Grizzly Safe Telephone: _____ **OK to receive emergency & school closing notifications by text & voicemail?** Y N

Single Parent? Y N **Expectant Single Mother?** Y N **Limited English?** Y N

Seeking a degree/certificate at Butler? Y N **Program:** _____ **Major:** _____

What is your educational goal? ___ Complete degree/certificate at Butler only ___ Complete degree/certificate then transfer

Plan to transfer after Butler? Y N

If yes, which college or university and in what major: _____

Mother's Highest Education (Circle code)	Father's Highest Education (Circle code)	Are you Active Military? <input type="checkbox"/> Y <input type="checkbox"/> N (Circle appropriate code below)	
MHG High School/GED	FHG High School/GED	052 No Military Affiliation	092 Military Contractor
MSC Some College	FSC Some College	115 Guard – All Services	200 Army Active
M2 Associate's Degree	F2 Associate's Degree	400 Marine Active	090 Dept of Defense Civilians
M4 Bachelor's Degree	F4 Bachelor's Degree	095 Military Veteran	135 Military Family Member
MG Graduate Degree	FG Graduate Degree	100 Air Force Veteran	045 Military Retirees
U Unknown	U Unknown	300 Navy Active	125 Reserves – All Services
			500 Coast Guard Active

List previous colleges and dates of attendance: _____

Note: Unofficial transcripts are required for prerequisite courses.

Per KS state statute (KAR 28-1-30) for prevention & control of TB. Please indicate "Y" or "N" as appropriate. Failure to complete as instructed could result in being dropped from classes. College Health will contact students indicating "Y" or refusal to answer the items below:

- Y N You are foreign born. Where? _____
- Y N You have been outside of the U.S. for more than 3 months. Where? _____
- Y N You have ever been in contact with a person who has been diagnosed with known active Tuberculosis (TB).
- Y N You have recently had any of the following unexplained signs or symptoms: coughing up blood, chest pain, weight loss or loss of appetite, fever or chills, cough (> 3 weeks), fatigue, respiratory difficulty, or night sweats.

Would you like to be contacted by: Office of Disability Services? Y N

I certify that all information is correct or has been corrected above. Falsification of information could result in dismissal from Butler Community College. Residency changes for tuition purposes require special documentation be provided to the Registrar's Office.

(Student Signature) _____ **Date:** _____