

**Suffolk County Community College
Registrar Office
Add / Drop Form**

Submit the completed Add/Drop Form to your campus Registrar Office using your **SCCC email account** to one of the following email addresses. If you are sending this form using an email address other than your SCCC email, you must include a copy of your Driver License for the purpose of authentication and signature comparison. If submitting the form in person, present your SCCC ID card along with the completed form.

registrara@sunysuffolk.edu – Ammerman Campus Registrar
registrare@sunysuffolk.edu – Eastern Campus Registrar
registrarw@sunysuffolk.edu – Michael J. Grant Campus Registrar

Last Name

First Name

M.I.

Student ID#

Term

I wish to ADD:

I wish to DROP:

| Campus (A,E,W) | CRN (ex: 91508) | Subject (ex: ENG) | Course (ex: 101) | Credits (ex: 3) | *Audit (X) | | Campus (A,E,W) | CRN (ex: 91508) | Subject (ex: ENG) | Course (ex: 101) | Credits (ex: 3) | *Audit (X) |
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Type Full Name
Signature required for in-person processing

Date

Advisor's Signature (if required)

*Audit (X) = Enter an X in the box if auditing a course. Please note full charges still apply when auditing a course.

For Office Use Only: (SFAREGS)

Revised 12/28/2022

Processed by: _____

Campus: _____

Date: _____