

**MEXICAN AMERICAN CATHOLIC COLLEGE**

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228  
 210-736-2963 (fax) | 210-732-2156 (phone) | [registrar@maccsa.org](mailto:registrar@maccsa.org)

**Add/Drop**

**Instructions:** The guidelines are found under the Academic Policies of the Academic Catalog. When submitting changes to the registration schedule, a student should include all of the courses on the registration schedule and include a check mark in the corresponding box of the requested action. If a student is withdrawing, the final course to be dropped must be marked as *withdrawn*, and if a Leave of Absence is also requested, the corresponding portion of this form must be completed. Each action requires communication between the student and the advisor, and the completed form must be submitted to the Registrar's Office.

**A. Applicant Data**

\_\_\_\_\_ first name                      middle name                      maiden name                      last name                      id number

**B. Change to Registration Schedule**

I am not changing my registration schedule.

course number and course title	professor	sch	no change	add	drop	with-draw	change credit

**C. Leave of Absence**

I am not requesting a leave of absence.

I am requesting a leave of absence -effective date, \_\_\_\_\_, \_\_\_\_\_ 20 \_\_\_\_ -  
 for  personal  financial  medical  other \_\_\_\_\_ reasons.  
 My anticipated return date is \_\_\_\_\_, \_\_\_\_\_ 20 \_\_\_\_.

**D. Recommendation**

\*\* For use by Advisor and/or Academic Dean \*\*

**E. Request Data**

The form must be signed and submitted by the student.

\_\_\_\_\_ student's signature                      date

\_\_\_\_\_ dean's signature (if required)                      date

\_\_\_\_\_ registrar's signature                      date

\_\_\_\_\_ advisor's signature (if required)                      date