Drop Form

Today's Date: _____

Student Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: _____ Birthdate: _____ Phone Number: _____

Course Information:

Term/Year: ☐ Summer _____   ☐ Fall _____   ☐ Spring _____

Section #	Course Name & Number	Census Date	Refund Date
1234	*Eng-100*	*Office Use Only*	*Office Use Only*

By signing this form i agree to the following:

1. The Enrollment Services Office will drop me immediately from the courses listed above.
2. I understand the drop(s) will not be processed if:
    a. the "drop deadline" has passed for the course.
    b. the "refund deadline" for the course has passed and I owe fees.
    c. there are outstanding obligations or holds on my account.

Student Signature: _____ **Date:** _____

Office Use Only

Staff initials: _____   Date: _____   ID Verified: ☐

Comments: _____

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