

E-MAIL COMPLETED FORM TO:

SUBMIT

(Usable in Internet Explorer only)

ALL FIELDS REQUIRED FOR PROCESSING

PLEASE PRINT CLEARLY:

STUDENT'S NAME:

FIRST

LAST

COUGAR ID NUMBER: _____ (SOCIAL SECURITY NUMBER IS NOT ACCEPTABLE.)

HIGH SCHOOL: _____

PLEASE DROP ME FROM THE FOLLOWING:

☐

AUTUMN

YEAR

☐

SPRING

YEAR

☐

SUMMER

YEAR

COLLEGE CREDIT PLUS COURSE(S):

COURSE NAME (ENGL 1100)

COURSE SECTION (8045)

COURSE TITLE (COMPOSITION I)

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: All drop requests must be received by the Columbus State Community College Office of the Registrar **prior** to the published drop date for College Credit Plus courses with no financial penalty. Check with your school district regarding tuition reimbursement requirements for courses dropped after this date.

By signing below, I acknowledge my understanding of the above information.

STUDENT SIGNATURE: _____

DATE: ____/____/____

PARENT SIGNATURE: _____

DATE: ____/____/____

SCHOOL COUNSELOR SIGNATURE: _____

DATE: ____/____/____

FOR COLUMBUS STATE COMMUNITY COLLEGE OFFICE USE ONLY:

PROCESSED BY (SIGNATURE): _____

DATE: ____/____/____