

COLLEGE CREDIT PLUS DROP FORM

Please send this form to ccpadvising@csc.edu

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 _____ SPRING _____ SUMMER _____
YEAR YEAR 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: ____/____/____