

Student Drop Form

Name: _____ Grade: _____ Date: _____
ACC ID _____

Drop Course: _____

Reason for dropping:

By dropping a course, I understand that I could forfeit my chances of obtaining my associates degree and that it can detrimentally impact my academic standing and SAP for financial aid in the future. Courses that need to be taken again will be paid by me and my family at \$150, per course. If books are required, it is my responsibility to purchase my books for retakes. I also realize that there is no Summer transportation at CRCA and that it will be my responsibility to get to an ACC campus to retake my course. **Parent signature required for drops.**

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

(Please check one)

___ Mr. Longoria, please drop my course.

___ I will drop the course myself.

For office use only:

Course retake: _____ Date registered: _____

Date Paid: _____

Registrar signature: _____