



DROP SLIP

DATE PROCESSED _____

Student ID # _____

NAME _____

DATE SUBMITTED _____

COURSE Number – Section	TERM/SESSION/YEAR	COURSE TITLE	<u>REFUND</u> 100% BEFORE 1 ST CLASS 80% AFTER 1 ST CLASS 0% AFTER 2 ND CLASS	LATE DROP FEE \$25	CREDIT HOURS
-					
-					
-					
-					
-					

Any course dropped during the week before each session begins will be assessed a \$25 Late Drop Fee.

TOTAL REMAINING CREDITS _____

Student Signature

Date

Advisor's Signature

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