ANGELO STATE UNIVERSITY
DUAL CREDIT DROP REQUEST

Drop requests must be received by Angelo State University by the deadline to drop a course. Refer to the academic calendar for dates.

Student Name: __________________________  ASU CID: ______________________

High School: ____________________________  Date of Birth: ________________

Course to drop: __________________________  Instructor: ____________________

Course to drop: __________________________  Instructor: ____________________

Course to drop: __________________________  Instructor: ____________________

Student please initial below:

____I understand that dropping a course after the 12th class day (census date) will result in a grade of “W” (withdrawn) for the course on my ASU transcript.

____I understand that a grade of “W” will affect my overall completion rate for college courses and could affect my future financial aid eligibility.

____I understand that dropping a course after the 12th class day will not result in a refund of payment for the course. If a payment is due for the course, the balance will still be owed.

High School Counselor Initial Below:

____The student’s parent/guardian has been notified regarding the student’s request to drop the course.

Student Signature: ____________________________  Date: ________________

Counselor Signature: ____________________________  Date: ________________

For ASU Office Use Only:

Received by Dual Credit Office: _____________________  Drop Processed by Registrar’s Office: _____________________

Date       Date