



ANGELO STATE UNIVERSITY

Dual Credit Regent Scholar Drop Request

This form must be submit to the dual credit office **by the drop deadline** on the academic calendar.

Student Name: _____ ASU CID: _____

High School: _____ Date of Birth: _____

Courses to be Dropped

Course	Section	Instructor

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____ I understand that dropping a course after the 12th class day (census date) will result in a grade of “W” (withdrawn) for the course on my ASU transcript.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

High School Counselor Initial Below:

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

Student Signature: _____ **Date:** _____

High School Counselor Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

(Advisors are located at the ASU Freshman College on the third floor of the Porter Henderson Library, Rm A312)

AFTER RECEIVING THE ADVISOR’S SIGNATURE, PLEASE RETURN THIS FORM TO THE DUAL CREDIT OFFICE IN THE HARDEMAN BUILDING.

For ASU Office Use Only

Received by Dual Credit Office: _____ Date: _____ Drop Processed by Registrar’s Office: _____ Date: _____