ANGELO STATE UNIVERSITY

Dual Credit Regent Scholar Drop Request

This form must be submitted 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

<table>
<thead>
<tr>
<th>Course</th>
<th>Section</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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____ I understand that dropping a course after the 12th class day (census date) will result in a grade of “W” (withdrawn) for the course on my ASU transcript.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 student’s 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: ________________________________  Drop Processed by Registrar’s Office: ________________________________

Date                      Date