



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____ I understand that dropping a course after the 12th class day (census date) will result in a grade of “W” (withdrawn) for the course on my ASU transcript.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

Student Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

For ASU Office Use Only:

Received by Dual Credit Office: _____
Date

Drop Processed by Registrar’s Office: _____
Date