

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: Course to drop: Course to drop:			
		Reason for dropping:	
		Student Initial Each Item Below:I understand that dropping a course (but course) after the 12 th class day in a long semes semester will not result in a refund of paymen	ster or after the 4 th class day in a summer
course, the balance will still be owed.	ourses in a semester may or may not result in a		
refund based on the withdrawal date accordin	g to the <u>ASU Refund Policy</u> /paying-for-college/how-to-apply-for-financial-		
	the 12 th class day in a long semester or after the in a grade of "W" (withdrawn) for the course on		
I understand that a grade of "W" will affe and could affect my future financial aid eligibil	ct my overall completion rate for college courses lity.		
High School Counselor Initial Below:			
The student's parent/guardian has been the course.	notified regarding the students request to drop		
Student Signature:	Date:		
Counselor Signature:	Date:		
For ASU Office Use Only: Received by Dual Credit Office: Drop Processed Date	by Registrar's Office: Date		