

Drop/Withdrawal Form

Complete this form (sections in bold should be completed by each of your instructors) and return to the Records Office

STUDENT ID# or SS# (last four digits)						SEMESTER: Fall Spring Summer 20					
LAST NAME	E:		FIRST NAME:				MIDDLE:				
COURSE	NUMBER	SECTION	ТІ		CR HRS	INSTRUCTO	OR SIGN	ATURE	DATE SIGNED		
☐Official	Withdraw	al – Initiated	by Student (che	eck one)							
☐Changed Mind			☐Course Too [☐Course Too Difficult		□Financial		□Personal			
☐Changed Program			☐Death in Fam	☐ Death in Family		al Met		☐ Relocation			
☐ Child Care Problems			•	☐ Dissatisfied (Instructor)		□Illness		□Transfer			
☐Course Load Too Heavy				□Employment		Military Deployment □Transportation					
		What Expected				sadvise					
Ot	her: Please	Explain									
If you w	ere to start	t college all ov	er, would you cho	ose to attend Is	sotherr 	mal? <i>(</i>	Circle one)	YES	NO	NOT SURE	
By signing this form, you agree that you understand how dropping classes after the first day of the semester may affect your financial and academic records						25% PENALTY: Students who make schedule changes during the Schedule Adjustment period are subject to a charge of 25% of the cost of any class dropped when a class of equal or more credit hours is not added at					
Student Signature Date						the same time. Students must drop/add during the same session to avoid the charge. If the charge occurs					
☐ Advis	sed student	to meet with	inancial Aid			due to an advisor/college error, the college official must notify the Business Office to correct the error.					
Advisor	r/Academic Dea	n Signature (Require	ed)	Date		must	notify the Busir	ness Off	fice to corre	ect the error.	
	Excessive A		nitiated by Instr	uctor (check rea	ason)						
	Instructor	Signature		Date	_						
	December 11 5	Describe Off.			_						
	kecoraed by F	Records Office		Date						Revised 3/201	