



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:** _____

Reason for dropping:

Student Initial Each Item Below:

____ I understand that dropping a course (but maintaining enrollment in at least one other course) after the 12th class day in a long semester or after the 4th class day in a summer semester 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.

____ I understand that withdrawing from all courses in a semester may or may not result in a refund based on the withdrawal date according to the [ASU Refund Policy \(https://www.angelo.edu/admissions-and-aid/paying-for-college/how-to-apply-for-financial-aid/enrollment/refunds.php\)](https://www.angelo.edu/admissions-and-aid/paying-for-college/how-to-apply-for-financial-aid/enrollment/refunds.php). If the entire balance or a partial balance is still owed for the course, I am responsible for the payment.

____ I understand that dropping a course after the 12th class day in a long semester or after the 4th class day in a summer semester will result in a grade of "W" (withdrawn) for the course on my ASU transcript.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:** _____

Counselor Signature: _____ **Date:** _____

<small>For ASU Office Use Only:</small> Received by Dual Credit Office: _____ Date _____	Drop Processed by Registrar's Office: _____ Date _____
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