



## 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:** \_\_\_\_\_

**Student please initial below:**

\_\_\_\_ I understand that dropping a course after the 12<sup>th</sup> class day (census date) will result in a grade of "W" (withdrawn) for the course on my ASU transcript.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 students request to drop the course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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