

CISCO COLLEGE



DUAL CREDIT

Dual Credit Drop Course Request

Date: _____

Semester and Year: _____

Student's Printed Name: _____

Student's SSN or Cisco ID: _____

Student's High School: _____

I wish to *DROP*, Course (s): _____

Reason: _____ and

By my signature below, I certify I intend to drop the courses listed above. I understand that it is my responsibility to follow up with the Cisco College Dual Credit Department after completing this form to insure that the request has been received and to verify that appropriate changes have been made to my schedule.

I also understand that any outstanding balance I may have accrued, up until my class was dropped, plus the \$10 course drop fee, is my responsibility.

Student Signature: _____

Counselor Signature: _____

Please submit this form via e-mail to julie.paredes@cisco.edu or fax to (325) 692-2530, Attention: Dual Credit.