

# COLLEGE CREDIT PLUS DROP FORM

**Please send this form to your assigned CCP advisor.**

*NOTE: If you are unsure of how to contact your advisor you may send to [ccp@csc.edu](mailto:ccp@csc.edu).*

## ALL FIELDS REQUIRED FOR PROCESSING

**PLEASE PRINT CLEARLY:**

**STUDENT'S NAME:** \_\_\_\_\_  
FIRST LAST

**COUGAR ID NUMBER:** \_\_\_\_\_ (SOCIAL SECURITY NUMBER IS NOT ACCEPTABLE.)

**HIGH SCHOOL:** \_\_\_\_\_

**PLEASE DROP ME FROM THE FOLLOWING:**  AUTUMN \_\_\_\_\_  SPRING \_\_\_\_\_  SUMMER \_\_\_\_\_  
YEAR YEAR YEAR

**COLLEGE CREDIT PLUS COURSE(S):**

COURSE NAME (ENGL 1100)	COURSE SECTION (8045)	COURSE TITLE (COMPOSITION I)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE NOTE:** All drop requests must be received by the Columbus State Community College Office of the Registrar **prior** to the published drop date for College Credit Plus courses with no financial penalty. Check with your school district regarding tuition reimbursement requirements for courses dropped after this date.

*By signing below, I acknowledge my understanding of the above information.*

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOL COUNSELOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR COLUMBUS STATE COMMUNITY COLLEGE OFFICE USE ONLY:**

PROCESSED BY (SIGNATURE): \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_