

Dual Credit Course Registration DROP Form

RETURN THIS FORM
In person
By Email or
By Fax

Columbus State Community College
Dual Credit Office—WD 1008
550 E. Spring Street
Columbus OH 43215

(Scan and Email to:
collegedropplus@csccl.edu)

(Fax to: 614-287-6045)

ALL FIELDS REQUIRED FOR PROCESSING

PLEASE PRINT CLEARLY

STUDENT'S FIRST NAME: _____

STUDENT'S LAST NAME: _____

COUGARID NUMBER: _____ (SOCIAL SECURITY NUMBR IS NOT ACCEPTABLE)

HIGH SCHOOL: _____

INSTRUCTOR'S NAME: _____

PLEASE NOTE: All drop requests must be received by the Columbus State Community College Records and Registration Department **prior** to the published drop date for dual credit courses. Failure to drop by the published deadline will result in a 'W' on the student transcript and may impact responsibility for fee payment.

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

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

Guidance Counselor Signature: _____ Date: ____/____/____

PLEASE DROP ME FROM THE FOLLOWING CSCC DUAL CREDIT COURSE(S):

COURSE NAME AND SECTION NUMBER (EXAMPLE: ENGL 1100 013): _____

COURSE TITLE (EXAMPLE: COMPOSITION I): _____

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COURSE TITLE (EXAMPLE: COMPOSITION I): _____

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COURSE TITLE (EXAMPLE: COMPOSITION I): _____