REQUEST TO DROP or WITHDRAW FORM

Last Name: _____   First Name: _____   Middle Name: _____

Mailing Address: _____   Student ID or SSN: _____

City: _____   State: _____   Zip: _____

Phone Number that you can be reached: _____

Signature Required: _____   Date: _____

***PLEASE NOTE** that a processing fee of $10.00 **MUST BE PAID** before 5:00 pm on or before the last day to drop &/or withdraw (Dates are listed below). **NO** drops will take place until this fee has been paid through the Business Office. The Business Office is located in the Administration Building, or you can call (870) 574-4461 and pay by credit card.

NO Drops will be accepted after the drop dates that are listed on academic calendar.

COURSE NO	SEC	COURSE TITLE	DAYS	TIME	ROOM #	CR HR

☐ Please check if you are doing a total withdrawal from all classes.

Please print and fax to: Enrollment Services   (870) 574-4734