

Southeast Arkansas College
 Course Drop Form

TERM: Fall Spring Sum
 YEAR: _____

*This form should not be used to drop **ALL** classes. Submit completed form to the Registrar's office.*

Name: _____ Student ID# _____
Last First Middle

If you receive financial aid (grants, loans, scholarships, etc.), dropping or adding classes may impact your aid.

Sec#	Course	Course Title	Instructor's Signature

Courses will not be removed from your schedule until all the required signatures are in place.

Are you an athlete? NO ___ YES ___ If YES, signature of Athletic Dir. or Compliance officer (remove) _____

Do you receive Financial Aid? NO ___ YES ___ If YES, signature of Financial Aid Officer _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Dean Signature _____ Date _____