

DROP * DROP-ADD * WITHDRAWAL FORM UNIVERSITY of COLORADO at COLORADO SPRINGS
BETH-EL EXTENDED STUDIES (C2) CREDIT COURSE 1420 Austin Bluffs Parkway, COLO SPRINGS, CO 80918
 (For Office Use) COLLEGE: Beth-El COORDINATOR: D. Green Office: 719-255-4486 FAX: 719-255-4284

 Last Name First Name Middle Name Former Name, if applicable

 Student #/Social Security #

YEAR: _____
 TERM: SPRING
 SUMMER
 FALL

I wish to **DROP/WITHDRAW** from the following course (If the course has already begun, a grade of 'W' will be recorded on your transcript):

DROP (check here)	TITLE OF COURSE	COURSE #	SEC #	CREDIT HRS	START DATE
**					

REQUIRED SIGNATURES & DATE

INSTRUCTOR _____ (FOR COURSES WHICH HAVE ALREADY BEGUN)

COLLEGE DEAN _____ (FOR COURSES IN WHICH 5/8 OF COURSE TIME IS OVER)

Have you received an award from the UCCS Financial Aid Office? No Yes → Financial Aid Officer Signature & Date _____

Are you receiving benefits from VA? No Yes → Veteran's Affairs Officer Signature & Date _____

Was your tuition paid by a third party? No Yes → Company Name & Address: _____

I wish to ADD the following course: (Please indicate if you are registering for a letter grade, pass/fail, or for no credit)

TITLE OF COURSE _____ COURSE # _____ SECT # _____ CREDIT HOURS _____ START DATE _____

I understand that it is my responsibility to know the regulations of the school or college concerning add/drop/withdraw/pass/fail enrollment and I accept full academic and financial responsibility for each add/drop/withdraw/pass/fail. Changes are not official until form is complete. **STUDENT'S

SIGNATURE: _____ DATE _____

(FOR OFFICE USE) AMOUNT TO REFUND, IF ANY: \$ _____

Circle One: SIS Scr:104 (drop) Scrn:113 (withdraw – no refund)

 Date _____

DATE COMPLETED _____ BY A&R STAFF _____

ES Coordinator Signature

Copy to Bursar Office _____