

**COURSE DROP/WITHDRAWAL FORM  
EXTENDED STUDIES (C2) CREDIT COURSE**

**UNIVERSITY of COLORADO  
at COLORADO SPRINGS  
P.O. Box 7150, COLORADO SPRINGS, CO 80933-**

7150

(For Office Use) COLLEGE: \_\_\_\_\_ COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Former Name, if applicable
_____	YEAR: _____	TERM: <input type="checkbox"/> SPRING	
Student #/Social Security #		<input type="checkbox"/> SUMMER	
		<input type="checkbox"/> 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.):

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

**REQUIRED SIGNATURES & DATE**

**INSTRUCTOR** \_\_\_\_\_

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

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I wish to **ADD** the following course:

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

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**AMOUNT REFUNDED, IF ANY: \$** \_\_\_\_\_

RECEIVED BY (EXTENDED STUDIES COORDINATOR) \_\_\_\_\_ Date \_\_\_\_\_

INPUT BY ADMISSIONS & RECORDS \_\_\_\_\_ Date \_\_\_\_\_

NOTES: