



College NOW DROP/WITHDRAW FORM

Please type or print.

STUDENT'S LEGAL NAME _____
Last First Middle

MAILING ADDRESS _____
Street City State Zip

COCC ID (if known) _____ CELL/HOME PHONE _____

NAME OF HIGH SCHOOL _____ TEACHER _____

If a student is doing poorly in their credit class, they may decide to drop the class to avoid having a poor grade on their college transcript. The last day to drop a class will vary depending on the dates the class starts and ends. See the dates for your school on the [College Now High School Calendar](#) page.

It's the student's responsibility to complete and sign this College Now Drop Form and submit it to the high school teacher if they choose to drop the class.

There is no refund if a student drops a College Now class.

Course Number <small>(e.g. WR 121)</small>	Course Title <small>(e.g. Academic Composition)</small>	Credits <small>(e.g. 4)</small>	Current Grade <small>(e.g. D)</small>

X _____
Student signature, attesting that all information above is true

Date

X _____
Teacher signature, approving drop or withdrawal

Date

Teacher: Sign, and then e-mail completed form to: collegenow@cocc.edu

College Now
Central Oregon Community College
2600 NW College Way
Bend, OR 97703
541-504-2930

For COCC Office Use Only:

COCC Student ID: _____ **Date Received:** _____

CRN: _____ **Term:** _____ (circle one) **D / W**