



College NOW DROP FORM

Please type or print.

STUDENT'S LEGAL NAME _____
Last First Middle

MAILING ADDRESS _____ OR _____
Street City State Zip

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

NAME OF HIGH SCHOOL _____ TEACHER _____

If a student is doing poorly in his credit class, he may decide to drop the class to avoid having a poor grade on his 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 he chooses to drop the class. The form is found at https://www.cocc.edu/departments/college-now/forms/files/drop_form_college_now.pdf. **There is no refund if a student drops a College Now class. College Now deadlines are final and are not subject to the petition process.**

Course Number	Course Title	Credits

x _____
Student signature, attesting that all information above is true. **Date** _____

x _____
Teacher signature, approving drop or withdrawal **Date** _____

Instructor: Sign, and then mail, fax, or e-mail completed form to:
collegenow@cocc.edu
College Now Office
Central Oregon Community College
2600 NW College Way
Bend, OR 97703
541-504-2930 (phone)
541-317-3071 (fax)

For COCC Office Use Only:

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

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