

COSSATOT COMMUNITY COLLEGE

of the University of Arkansas

DROP FORM

Drop 1 or more classes but still enrolled in college Total withdrawal from college

Social Security Number _____ - _____ - _____ E-Mail Address _____

First Name _____ Last Name _____

Dropped by Student Dropped by Instructor Dropped by Administrator

Mark Your Reason For Dropping:

- Academic Difficulties
- Financial Reasons
- Family Obligations
- Going to Work or Work Schedule
- No Transportation or Moved
- Health Reasons/Deceased
- Dissatisfied with College
- Dissatisfied with Instructor
- Other
- Military Service: **Must see Financial Aid or Business Office to be eligible for refund under Act 85 ([must complete Act 85 form](#))**

Comment on Reason for Dropping: _____

Dept/Number	Sec	Course Name	Inst.	Hours	Day	Time

Completing the drop form through CCCUA.edu: (1) Choose "Forms" from drop down menu; (2) Print; (2) Sign; (3) Fax, mail, scan, or drop form off at one of our three locations: De Queen, Nashville, or Ashdown; (4) Allow 48 hours for 'W' grade to be posted; (5) Check "Campus Connect" Grades to see if 'W' is posted. If not, call or e-mail BMorris@cccua.edu to confirm.

Student Signature _____ Date _____

Instructor Signature _____ Date _____
(If dropped by Instructor)

Last Date of Attendance _____ Reason _____

DROPPING A CLASS MAY ADVERSELY AFFECT YOUR FINANCIAL AID OR SCHOLARSHIP. CHECK WITH THE FINANCIAL AID OFFICE AND BUSINESS OFFICE BEFORE DROPPING A CLASS. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY TUITION AND FEES INCURRED AT THE TIME OF DROP AND THAT I MAY HAVE TO PAY BACK ANY TITLE IV (PELL, SEOG) MONEY I RECEIVED FOR CLASSES DROPPED.

PROCEDURE FOR WITHDRAW FROM SCHOOL

- If student is receiving any form of financial aid/scholarships or waivers, etc. he or she must see financial aid office first and obtain that office's signature on this form.
- (a) Complete the form.
(b) Date must be *after* the census date.
- Are you receiving assistance from any of the following: Financial Aid Career Pathways Project Leap
 CAMP Upward Bound

Office Use Only Date and Initials of Processing Student Services/POISE _____	Financial Aid (if applicable) _____
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