

**East Arkansas Community College
Concurrent Enrollment
Drop Form**

(Not to be used for total withdrawal)

**Please complete the following in detail and submit to the Office of Admissions and Records.
The drop is not official until the form has been returned to the Registrar's Office.**

Semester _____ Today's Date _____

Name _____ Student ID Number _____

**List all courses to be dropped with COURSE-ID and NOT title (ex: ENG1013-01).
Instructors must sign and assign grades if courses are dropped after the 11th week of
classes as published in the school calendar.**

COURSE-ID	INSTRUCTOR'S SIGNATURE	DATE	GRADE
1			
2			
3			
4			
5			
6			
7			

Student's Signature

Date

Parent/Guardian's Signature

Date

High School Counselor's Signature

Date

Principal's Signature

Date

EastArk Secondary Career Center Director's Signature

Date

Registrar's Office _____

Business Office _____

Date Completed _____

White: Registrar

Blue: Business Office

Pink: Student

Yellow: High School Counselor