

Year:

Semester:

Name:

Student ID:

Course Code	Course Name	Instructor Name

*(Dropping or withdrawing from courses could affect your financial aid; it is advised that you talk to your advisor or a representative of financial aid before proceeding.)*

*I have informed my instructor that I would like to drop the course(s) listed above.*

Student Signature:

Date:

Once complete, email to [admissions@eacc.edu](mailto:admissions@eacc.edu) from your @eacc.edu student email address.