



Module Course Attend/Drop Form

Date: _____ Name: _____

Student ID#: _____ Program: _____ Phone: _____

DROP MODULE COURSE(S): *If student is withdrawing from ALL classes, fill out total withdrawal form
 Courses must be dropped by mid-point of the module course to get a "W" instead of failing grade.*

CRSE/SECT	Course Title	CR	Grade	Start Date	End Date	LDA	Pre Req Y/N	Faculty Email Date

These courses are required for program completion: Yes No

CONTINUING/INTENT TO ATTEND (all classes)

CRSE/SECT	Course Title	CR

OVERVIEW OF CREDIT CHANGES

Failed Credits: Dropped Credits: Continuing Credits:

Student Signature: _____ Date: _____

Office Use only

Financial Aid Signature: _____ Date: _____

VA Signature: _____ Date: _____

Financial Aid Remarks

Business Office

BO FA Calculation: _____
 Applied to FA owed: _____ Total\$ _____ Perc: Yes / No BO FA Initials/Date: _____
 Owed to/from stud \$: _____ Date refund issued: _____ BO AP initials/Date: _____
 Comments: _____

Advisor/Admissions Counselor Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Transcript SCHD FGID Initial of form filler: _____