

Module Course Drop Form

Return to: Registrar's Office Bldg. 3 Rm. 353 assistant.registrar@cei.edu 208-535-5362

Student Information					
Date	Student ID				
Name		Academic Program			
Address	Phone Number				
Module Courses: Complet	ed & Dropping				
Course Code	Credits	Grade	Start Date	End Date	
Are these courses required for program completion? ☐ Yes ☐ No					
Full-Term Courses: Dropping					
Course Code		Credits			
Are these courses required fo	r program completion	n? □ Yes □ No	0		
By checking this box & st a handwritten signature.	ubmitting this form, I co	onsent to providi	ng my typed electron	ic signature in place of	
Student Signature			Date		
CEI Office Use					
Financial Aid & Veterans Affairs					
PERC: ☐ Yes ☐ No					
FA Comments:					
FA Signature		Date			
T/A G'		Date			
				_	
Business Office Owed to Student	Owed fr	om Student	DEL	2C·□ Ves □ No	
	Owed II	om student _		CC. 🗆 TCS 🗀 NO	
BO Comments:					
BO Signature		Date			
Registrar Signature		Date		_	
□RGN □ FGID □ SACP □ STA	AD □ TRAN □ PERC			— Updated 11.07.2025	