



# 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 \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Module Courses: Completed & 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 for program completion?  Yes  No

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

CEI Office Use	
Financial Aid & Veterans Affairs	
PERC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FA Comments:	
FA Signature _____	Date _____
VA Signature _____	Date _____
Business Office	
Owed to Student _____ Owed from Student _____ PERC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BO Comments:	
BO Signature _____	Date _____
Registrar Signature _____	Date _____
<input type="checkbox"/> RGN <input type="checkbox"/> FGID <input type="checkbox"/> SACP <input type="checkbox"/> STAD <input type="checkbox"/> TRAN <input type="checkbox"/> PERC	