

To drop an A-State Concurrent Enrollment course **after the 10th day of class**, you and your parent/guardian must complete, sign, and date this form. **When completed, take the form to your high school counselor** who will return it to the A-State Early College Programs office.

C, D or F will be issued.

B, C, D or F will be issued.

Course Drop Request for: ☐ Fall 2025 ☐ Spring 2026

Student Name: _____

High School: _____

A-State ID Number: _____

<i>Course Name</i>	<i>CRN</i>	<i>Class Period</i>	<i>Instructor Name</i>

Student Responsibilities

I accept that my signature below acknowledges my understanding of the following terms:

- I am responsible to pay any outstanding financial obligations to Arkansas State University.
- A "W" or Withdrawal grade will be awarded on my transcript for the course(s) from which I am withdrawing.
- Withdrawing from a concurrent course may impact my high school academic plan.

Required Signatures

Student Name *Student Signature* *Date*

Student Signature

Date

Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Signature

Date

After reviewing the student's academic records, I give my permission for the student to complete the schedule adjustment for the course(s) above.

Counselor Name Counselor Signature Date

Counselor Signature

Date _____

Optional Counselor Comments:

**Counselor: Please scan and return to the Early College Programs office
by email at CEP@astate.edu**

Questions? Please call (870) 680-8365