



Cuyahoga Community College
College Credit Plus Program

AUTHORIZATION TO DROP/WITHDRAW

Student Name: _____ Tri-C Student Number: _____

Middle/High School: _____

Check Term: Summer Fall Spring _____ Year

Please list the course or courses you plan to drop (withdraw) from your current class schedule. When dropping classes any book or supply purchases made at the Tri-C Bookstore must be returned according to the bookstore return policy. If it is past the posted return deadline dates, books should be returned to the high school. Supplies should be returned to the CCP office or Enrollment Center on your campus of record.

Form should be emailed to your campus of record:
East: CCPEast@tri-c.edu, Metro: CCPMetro@tri-c.edu, West/Brunswick University Center: CCPWest-Brunswick@tri-c.edu, Westshore: CCPWestshore@tri-c.edu

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

I hereby certify that I met with the above named student. I also certify that the student has permission to drop the class or classes listed above.

Signature of Authorizing Middle/High School Official _____ Date _____

COUNSELOR COMMENTS

FINANCIAL RESPONSIBILITY: As a CCP student, your school district or nonpublic school may seek 100% reimbursement for any course under either of the following two circumstances: 1) If you receive a failing grade at the end of the course; or 2) If you drop/withdraw after the 14th calendar day from the start of the semester/part-of-term. This does not apply to students identified as being economically disadvantaged in accordance with Ohio Administrative Code 3333-1-65.6 (B)

Accepted by _____ Date _____
Signature of Parent or Legal Guardian
Signature of Student _____ Date _____

Signature of Authorizing College Official _____ Date _____