



Fast Forward Math Withdrawal Form

TRI-C ID NUMBER

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Year

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Semester

FA SP SU

Student Name: _____

Last

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CRN

First

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Department

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Course Number

Course Title

Credits

We have discussed the student's status in the course and potential repercussions for dropping the course.

Faculty Signature

Date

I acknowledge dropping this course may:

- Delay my completion of a degree or certificate, therefore I need to schedule an appointment with a Tri-C Counselor to update my academic plan.
- Impact my Financial Aid eligibility, therefore I should discuss the implications of this request with a Financial Aid advisor before dropping the course if I am a financial aid and/or scholarship recipient.

I understand that I must visit my campus enrollment center to officially withdraw from this course by providing them with this form and that I will be required to continue with my developmental math work next semester.

Student Signature

Date

Faculty: Please put this half of the form in your Dean's mailbox.



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Student Signature

Date

Student: Submit this half of the form to your campus Enrollment Center to withdraw from the course.