



Withdrawal/Drop Form

Personal Data:

M Number _____

Student Name _____

Withdrawal/Drop Information:

Name of High School _____

Reason for dropping course _____

Course to be dropped _____

Semester _____

(See academic calendar for refund deadlines)

Student Signature (do not print) _____ Date _____

Guidance Counselor Signature _____ Date _____

Registrar's Office Signature _____ Date _____

Fax to: 270-809-3050 or 270-809-3780

