



Dual Credit Drop Request Form

Semester: _____
Fall Spring Summer Year: _____

Student Name: _____ SPC ID: _____

High School: _____ Date of Birth: _____

Course Number	Instructor

Drop Reason:

I understand:

- The drop request will be processed once it is received by the Dual Credit office. If received after business office hours, the form will be processed the following business day.
- If submitted after the official SPC census day according to the academic calendar, my college transcript will indicate a grade of "W" for withdrawal from the course.
- Drop requests must be received by 3:00 PM on the final drop date for the semester. Please see Dual Credit Calendar for deadlines.
- Dual credit courses dropped do not count toward the six-drop rule; however, dropping may affect future financial aid eligibility.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Please return form to: dualcredit@southplainscollege.edu