



## APPLICATION FOR RESIGNATION

**THE COMPLETED FORM MUST BE SUBMITTED TO THE ONE STOP CENTER BEFORE THE SEMESTER'S DEADLINE.**

SINCE RESIGNATION FROM COURSES MAY RESULT IN THE REDUCTION OR LOSS OF FINANCIAL AID AWARDS FOR THE FOLLOWING SEMESTER. A STUDENT MUST SEE AN ACADEMIC COUNSELOR OR A FINANCIAL AID OFFICER BEFORE DROPPING A COURSE.

**STUDENT:** Acceptance of this application does not provide any basis for requesting a refund. Refunds of tuition are made in accordance with the College Calendar & Fee Schedule in the Bulletin.

In addition, course resignations require the signature of the instructor. Resignation from all courses requires the signature of every professor and a Counselor after a counseling conference.

I, \_\_\_\_\_, ID # \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (INITIAL)

REQUEST TO RESIGN FROM THE FOLLOWING COURSE(S):

<u>COURSE NAME &amp; NO.</u>	<u>SECTION</u>	<u>INSTRUCTOR'S SIGNATURE (REQUIRED)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LIST THE COURSES YOU ARE KEEPING.

If none, state NONE.

<u>COURSE NAME &amp; NO.</u>	<u>SECTION</u>	<u>COURSE NAME &amp; NO.</u>	<u>SECTION</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

**STUDENT SIGNATURE (required):** \_\_\_\_\_

**COUNSELOR'S SIGNATURE:** \_\_\_\_\_

FOR OFFICIAL USE ONLY

Verification: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ BY: \_\_\_\_\_

SIMS DONE: \_\_\_\_\_ DATE: \_\_\_\_\_