

# Drop Form

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Degree Program \_\_\_\_\_

Quarter \_\_\_\_\_

Use this form to:

- 1) drop a course
- 2) reduce the number of credits on an existing variable-credit course (by Friday of the 6th week of the term)
- 3) change your registration from credit to Leave of Absence (by the 9th calendar day of the term)
- 4) withdraw from the institution

Course / Section Number	Title	Credits	Instructor
1.			
2.			
3.			
4.			

### Exception / Reason (Check all that apply):

- Online registration has closed
- Reduction of credit for an existing variable-credit course from \_\_\_\_\_ to \_\_\_\_\_ credits  
(Only student signature is required below)
- Drop all courses and register for Leave of Absence (LOA)
- Drop all courses and withdraw from the program / institution

### Tuition Credit Refunds

Tuition credit for dropped courses is calculated in accordance with the AUS Student Financial Policies. A refund, if any, will be generated and sent to you automatically within 14 days after the processing of this form, unless you check the box below. If you used a bank card to pay your tuition, the tuition credit will be returned to that card when possible. If you receive financial aid, the Financial Aid Office will determine the distribution of any credit balance. In some cases, the amount of financial aid returned to your lender may be greater than your tuition credit, causing a balance on your account that you will be responsible for paying.

- I request that my tuition credit, if any, be held on my student account.

This change will cause my overall credit load to change from \_\_\_\_\_ credits to \_\_\_\_\_ credits.

The dropped course will be reflected on My Class Schedule on **myAntioch** after this form is processed. If we need to contact you regarding this change, we will first email you through FirstClass (FC).

Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Signature required before registration will be processed.)*

**For Office Use Only**

Date Received \_\_\_\_\_

Registrar \_\_\_\_\_

Financial Aid \_\_\_\_\_

Student Accounts \_\_\_\_\_

Financial Aid Reconciliation:

[ ] SEOG \_\_\_\_\_

[ ] Perkins \_\_\_\_\_

[ ] U. Stafford \_\_\_\_\_

[ ] S. Stafford \_\_\_\_\_

PLUS \_\_\_\_\_

You may submit this form in person, by mail or by fax.

Registrar's Office • 2326 Sixth Ave. • Seattle, WA 98121-1814 • fax: (206) 268-4242