



Schedule Change Course Drop

STUDENT RECORDS OFFICE

Fall Spring Summer

Year _____

Student's Name:		Student ID# or last 4 digits of SSN#:
Courses being dropped:		
Course Number:	Section Number:	Instructor Name:
PSEO Advisor Signature(required for all Post Secondary Option students):		Date:

I am aware of the college refund policy outlined in the Terra Community College catalog.

Student Signature:	Date:	Office Use:
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