

FMCC— COLLEGE IN THE HIGH SCHOOL
COURSE DROP FORM

SEMESTER _____ **20** _____

OFFICE USE ONLY: Completed by: _____ Power Campus No. _____

NAME: _____ Phone Number: _____
Last First M

ADDRESS: _____
Number & Street City State Zip

COURSE NUMBER	SECTION LECTURE	SECTION LAB	INSTRUCTOR'S SIGNATURE

By completing and signing this form the College in High School (CHS) student is agreeing to be dropped from the course in which he/she was originally registered for. A student enrolled in a fall semester or full-year CHS course may drop the course with a full cancellation of tuition through October 1st. A student enrolled in a spring-semester CHS course may drop the course with a full cancellation of tuition through March 1st.*

Parent's Signature Date Guidance Counselor Signature Date Registrar's Signature Date

PLEASE NOTE:

Please either mail or fax this completed form to the Registrar's Office at FMCC. Any forms not complete will not be processed.

Our mailing address is: 2805 State Hwy 67 Johnstown, NY 12095 Attn: Registrar's Office

Our Fax number is: (518) 762-4334

* If these dates fall on a weekend or holiday, requests for drops or course withdrawals will be honored through the first day that classes meet after the deadline.