FMCC— COLLEGE IN THE HIGH SCHOOL
COURSE DROP FORM

SEMESTER __________ 20 ______

NAME: ___________________________ Phone Number: ______________________
Last     First     M

ADDRESS: __________________________
Number & Street City State Zip

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>SECTION LECTURE</th>
<th>SECTION LAB</th>
<th>INSTRUCTOR’S SIGNATURE</th>
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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.