

## **Dual Credit Drop Request**

Student's Signature	Date	Counselor/Instructor's Signature	Date
Course Section:		Instructor:	
High School:		Birth Date:	
Student Name:		Student ID:	

Mail, Fax or Email to: South Plains College

Attention: <u>Dual Credit Office</u> 1401 South College Avenue Levelland, TX 79336

Fax: (806) 897-2731

Email: dualcredit@southplainscollege.edu

## *Note:*

- ✓ Refunds are calculated by the date the written request is received in the Admissions and Records Office.
- ✓ Drop slips must be received in our office by the final drop date. See semester calendar for deadlines.
- ✓ Dropping a class is not considered complete until the completed drop slip is received and processed in the Admissions and Records Office.