

Office of Financial Aid/Veteran Affairs

VA – Course Drop/Withdrawal Form

A Member of the Alabama Community College System

The Department of Veterans Affairs requires that Bishop State Community College notify them if a registration change is made after the add/drop period of the semester. This includes both a single course withdrawal and full-term withdrawal. Please complete this form and submit it to the School Certifying Office in the Office of Financial Aid/Veteran Affairs.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu Bishop State ID: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_ FA \_\_\_\_\_ SP \_\_\_\_\_ SU 20\_\_\_\_

COURSE INFORMATION

Please Check (only one): \_\_\_\_\_ Drop Course(s) \_\_\_\_\_ Complete Withdrawal from School

Credit Hours: BEFORE Drop \_\_\_\_\_\_\_\_\_ AFTER Drop: \_\_\_\_\_\_\_\_\_\_

List of Courses to be Dropped (for example - MTH 100 ??):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation:

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I understand that I may be responsible for all debts resulting from the reduction of enrollment or the request of certification termination if tuition and fee assessments have already been paid to Bishop State Community College by the Department of Veteran Affairs on my half.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

no electronic signature, must be original

Office of Financial Aid/Veteran Affairs Use Only

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_