



# Continuing Education Drop Form

WCJC Student ID \_\_\_\_\_

Last Name (Current Legal) \_\_\_\_\_

First Name \_\_\_\_\_

WCJC Student Email Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

**Term:**            Fall                    Spring                    Summer            20\_\_\_\_

CRN	Subject (e.g. NURA)	Course # (e.g. 1000)	Reason for Drop	
			Medical	Work Schedule
			Family Member	Military Leave
			Death of a Family Member	Not Applicable/Other

If you selected "Not Applicable/Other", please state your reason for dropping your course(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Before the start date of class, you may visit your campus in person or download and email the drop form to drop a course or change from one class to another. Students may request a refund at least three (3) full business days prior to the start date of class. Once the course has begun, refunds are unavailable. If a refund results from a course change, refunds will be mailed to the students or the students may request the refund be applied toward the tuition of another non-credit class.

In signing this form, I acknowledge my understanding that dropping courses will result in not being awarded the completion certificate or CEU's that are awarded by the above courses.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Email completed form to [registrar@wcjc.edu](mailto:registrar@wcjc.edu). Please remember to use your WCJC email for all correspondence with the college; non-WCJC email addresses may be blocked.

**Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Term Code: \_\_\_\_\_

**Approved Refunds**

CE Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Vocational Instruction Signature: \_\_\_\_\_ Date: \_\_\_\_\_