



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 explanation for dropping your course(s).

Before the start date of class, you may visit your campus in person or download and email the 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. Refunds will be mailed to the students or the students may request the refund be applied toward the tuition of another non-credit class. Once the course has begun, refunds are unavailable.

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 ce@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: _____

Refund Exception Approval

CE Director Signature: _____ Date: _____ Approved Denied

Dean of VI Signature: _____ Date: _____

Explanation: _____