CONCURRENT CREDIT COMBINED DROP FORM

TERM: 

ATU STUDENT ID NUMBER (T#, NOT Social Security #) 

DATE: 

Name Enrolled Under (Last, First, Middle, Other) 

School District 

Instructor 

Reason for dropping: 

*Warning: dropping a course may result in loss of future financial aid at Arkansas Tech University. Please contact concurrent@atu.edu with any questions you may have.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Prefix and Number</th>
<th>Course Title</th>
<th>Section Number</th>
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*Students may remain in class for HIGH SCHOOL CREDIT ONLY; However, the concurrent office must be contacted for arrangements.

STUDENT’S SIGNATURE ____________________________________________

HIGH SCHOOL/ATU CONCURRENT OFFICIAL’S SIGNATURE ____________________________

In the event a student is unable to physically sign drop form, an email from the student’s ATU email account requesting the course to be dropped will suffice as long as it is attached to the drop form signed by a high school or concurrent office official. Students must abide by ATU’s drop/withdrawal policy located on the academic calendar. 
https://www.atu.edu/catalog/undergraduate/calendar.php

Please complete drop form and send to BOTH Arkansas Tech University and Virtual Arkansas.

Jana Crouch 
Associate Director for Enrollment 
104 Brown Hall 
Russellville, AR 72801 
Phone 479-356-2188 or Fax 479-964-0522 
Email: jcrouch4@atu.edu

Jana Adcock, Registrar 
Virtual Arkansas 
Concurrent Campus 
Monticello, AR 71655 
Phone (870)367-4884 or Fax (870)367-8179 
Email: Jana.Adcock@VirtualArkansas.org

FOR USE BY VIRTUAL ARKANSAS CONCURRENT CAMPUS

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<tr>
<th>Date Rec’d</th>
<th>Final Count</th>
<th>ATUSS/Roster</th>
<th>Univ/VA/School</th>
<th>PP</th>
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