

CONCURRENT CREDIT COMBINED DROP FORM

TERM:	ATU STUDENT ID NUMBER (T#, NOT Social Security #)	DATE:
	T	
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.

CRN	Course Prefix and Number	Course Title	Section Number

*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
Email: Jana.Adcock@VirtualArkansas.org

FOR USE BY VIRTUAL ARKANSAS CONCURRENT CAMPUS

Date Rec'd	Final Count	ATUSS/Roster	Univ/VA/School	PP