

For Admission use only:

# Mott Community College

## Dual Enrolled/Early Admit Course(s)

### Drop Worksheet

Semester or Session  
(check one)

<input type="checkbox"/> Summer (1)	<input type="checkbox"/> Winter (3)
<input type="checkbox"/> Fall (2)	<input type="checkbox"/> Spring (4)

Print: Last Name	First	M.I.	Social Security Number
Street Address: _____			
City, State, Zip: _____ Phone: _____			
By dropping this/these course(s), I am entering into a financial obligation, which includes nonrefundable fees. If my school district does not pay for these fees, my parent/legal guardian will assume this cost.			
Student Signature: _____			

IT IS YOUR RESPONSIBILITY TO CHECK THE ACCURACY OF YOUR SCHEDULE

Check to Drop	SECTION CODE <small>(accuracy essential)</small>	Course Title	GEN ED.	Credit Hour	Contact Hour	Time	M	T	W	R	F	S	U	Bldg & Room	Instructor's Signature <small>(if required)</small>
<input checked="" type="checkbox"/>	SOCY 1 9 1 01	Intro Sociology	SOC	3	3	8:00 am 9:25 am	X		X					MMB 2106	

Total Credit	Total Contact

\_\_\_\_\_  
High School Counselor's Signature Required.

\_\_\_\_\_  
Parent's Signature Required.