# DROP/WITHDRAWAL FORM

**Student Name:**_____ **Student Signature:** _____

**Current Term and Year (e.g. FA 2026):** _____ **Amarillo College Student ID #:**_____

| **STEP 1: Speak to Facilitator and AC Instructor** | | |
|---|---|---|
| **Course Name, Number, Section** (Ex. ENGL-1301-DC001) | **Facilitator/HS Teacher Signature (if applicable)** | **Faculty/IOR Signature** |
| | | |
| | | |
| | | |

| **STEP 2: Speak to High School Counselor/CCMR** | |
|---|---|
| **Counselor Signature** | |
| **Parent Signature - *Optional*** | |

| **STEP 3: Select Reason For Withdrawal** | |
|---|---|
| □ **Computer/ Technical Difficulties** | □ **Student Illness** |
| □ **Do Not Need Course** | □ **Work or Extracurricular** |
| □ **Family Death, Illness, or Issue** | □ **Other:** _____ |

**STEP 4: Submit this Form to dualcredit@actx.edu**

*PLEASE NOTE: Complete forms must be sent in by the end of the day of the Course Withdrawal Deadline. Late forms will not be processed.*

**Dual Credit Office Only**

**Date Received:** _____

**Processed By:** _____