SOUTH PLAINS COLLEGE

Dual Credit Drop Request

Student Name: _____ Student ID: _____

High School: _____ Birth Date: _____

Course Section: _____ Instructor: _____

_____ _____

Student's Signature **Date** **Counselor/Instructor's Signature** **Date**

Mail, Fax or Email to:

South Plains College
Attention: **Marissa Zapata**
1401 South College Avenue
Levelland TX 79336

Fax: (806) 897-3167
Email: mzapata@southplainscollege.edu

Note:

- ✓ Refunds are calculated by the date the written request is received in the Admissions and Records Office.
- ✓ Drop slips must be received in our office by the final drop date. See semester calendar for deadlines.
- ✓ Dropping a class is not considered complete until the completed drop slip is received and processed in the Admissions and Records Office.