



Drop Form

Submit Completed form through your student email to MJCESeForms@mjc.edu. If the form is submitted through an alternate email please provide a copy of your picture ID and a "wet" signature.

Today's Date: _____

Student Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: _____ Birthdate: _____ Phone Number: _____

Course Information:

Term/Year: Summer _____ Fall _____ Spring _____

Section #	Course Name & Number	Census Date	Refund Date
1234	Eng-100	Office Use Only	Office Use Only

By signing this form i agree to the following:

1. The Enrollment Services Office will drop me immediately from the courses listed above.
2. I understand the drop(s) will not be processed if:
 - a. the "drop deadline" has passed for the course.
 - b. the "refund deadline" for the course has passed and I owe fees.
 - c. there are outstanding obligations or holds on my account.

Student Signature: _____ **Date:** _____

Office Use Only

Staff initials: _____ Date: _____ ID Verified:

Comments: _____

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