



**CONCURRENT ENROLLMENT
DROP FORM**

Term:	ATU Student I.D. Number (T#, NOT Social Security#)	Date
T _ _ _ _ _		
Name Enrolled Under (Last, First, Middle, Other)		

***Warning: Dropping a course may impact future financial aid eligibility at Arkansas Tech University. Please contact concurrent@atu.edu with any questions you may have.**

CRN	Course Prefix and Number	Course Title	Section Number

STUDENT'S SIGNATURE _____

HIGH SCHOOL/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 return it to:

Concurrent Enrollment Office
Email: concurrent@atu.edu
Phone: (479) 880-4247
Fax: (479) 968-0683