

Deletion Requests

USE THIS FORM IF YOU ARE REQUESTING A DELETION OF CHARGES OR COURSES

Name: _____

Student ID: _____

Telephone Number: _____

E-mail: _____

List Deletion Request i.e. Late Registration, % Charge, Course: _____

Semester(s): _____

Reason for requesting deletion:

Please Note: **Requests to delete charges may require a "Last Date of Attendance" form signed and stamped by the department.** Your request will be reviewed by a dean in the Office of Student Services. Please allow 5-10 days for notification of dean's decision. Course deletions may take longer. If you have had charges dropped by this office in previous semesters, your request will be **denied**. You will be responsible for any fees.*

*Fees are non-refundable. Application fees of any kind are non-refundable regardless of whether a student chooses to attend the college or not.

Signature: _____ Date: _____

YOU WILL BE INFORMED OF THE DECISION VIA E-MAIL

For Office Use Only
Comments: