

# Concurrent Drop Form

TO BE COMPLETED BY HIGH SCHOOL PROGRAMS  
STAFF AND SENT TO



## High School Programs

183 College Drive • De Queen AR 71832 • P.800.844.4471 • F.870.642.5088 • [www.cccua.edu](http://www.cccua.edu)

ID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

COURSE ID: \_\_\_\_\_ SECTION: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

LAST DATE OF ATTENDANCE: \_\_\_\_\_ GRADE AT TIME OF DROP: \_\_\_\_\_

: Drop requested by the instructor.

: Drop requested by the student.

1.) What is the reason for the drop? [ ] ATTENDANCE POLICY [ ] ADMINISTRATIVE WITHDRAW [ ] INADEQUATE PROGRESS

2.) Have you notified the student of your intent to drop? YES NO

3.) Has the student communicated with you this semester? YES NO

Is there anything you have identified that could be done differently to ensure academic success?

---

---

Are you aware of any factors that contributed to this student's lack of attendance/success?

---

---

The act of dropping a course will keep the student from receiving college credit for that course. Students who are dropped from the courses may be allowed to attend the class meeting in order to receive High School credit for the class pending administrative approval.

**THIS FORM WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL**

\_\_\_\_\_  
HS PROGRAMS SIGNATURE

\_\_\_\_\_  
DATE

### PROCESSING: *For office use only.*

Entered By/Date: \_\_\_\_\_

Scanned By/Date: \_\_\_\_\_

Email sent to: \_\_\_ Student \_\_\_ Instructor \_\_\_ Crystal \_\_\_ Brenda