

Drop Course Request

Name: _____ **Effective Date of Change:** _____

Student Number: _____ **Program:** _____

Year : _____ **Semester :** **Fall** **Spring** **Summer**

Number of registered hours before removal of course(s) : _____

Dropping courses may cause a decrease in tuition based on a prorated scale, until 60% of the academic term is complete. Changes could result in a tuition refund. Please contact Student Accounting with any questions at 601-984-1060 or visit their website by clicking [here](#).

Course Name (ex: Professional Skills): _____ **Section :** _____

Course Number (ex: ID 714): _____ **Hours :** _____

Course Name (ex: Professional Skills): _____ **Section :** _____

Course Number (ex: ID 714): _____ **Hours :** _____

Course Name (ex: Professional Skills): _____ **Section :** _____

Course Number (ex: ID 714): _____ **Hours :** _____

I request that these changes be made:

Student Signature

Program Director Signature

Dean, SGSHS Signature