

## Application for Course Drop Return by email (asmart@sterling.edu) or fax (620-278-4486)

Student Name:				Sterling College ID #	
	Last	First	Middle		
Course(s) to be	Dropped:				
Session Start Date:  Hours of enrollment:			Drop Date:		
		Spring I:	Spring II:	Sum I:	Sum II:
To be filled out by stude	e that if you a	re dropping below	v 10 credit hours (	full-time status) in a	s single semester, such
J	re:			Date:	
For Sterling College of Advisor Signa	-			Date	o:
					between semesters
Days attended class: Billing Amount: \$					