



Drop/Add for Early College & Career and College Promise

Student must initiate this form and obtain the required signatures. Requests will not be processed without the required signatures. All fields are required.

Name: _____ **Date:** _____
Last First Middle

Mitchell Student ID: _____ **High School:** _____

	Year _____	Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
	Dept. & Course #	Section	Course Title	Credit Hours
DROP				
ADD				

I acknowledge that I may face academic and/or financial penalties from my high school for dropping the above listed courses. I have consulted with my high school regarding the decision to drop these courses.

_____ _____
 Student Signature Date

HIGH SCHOOL USE ONLY

Please initial, sign, and date. Return directly to Amanda Rhea at arhea@mitchellcc.edu.

_____ This student is dropping the above course(s) with my permission and **is not** responsible for reimbursing the sponsor for costs associated with enrollment.

_____ This student is dropping the above course(s) and is fully responsible for reimbursing the sponsor for the costs associated with enrollment.

_____ _____
 Principal/Designee Signature Date

Please return to your appropriate Mitchell liaison:

- Career & College Promise** | Amanda Rhea | arhea@mitchellcc.edu
- Agriculture & Science Early College** | Allison Snyder | asnyder@mitchellcc.edu
- Collaborative College for Technology & Leadership** | Sharon Ellis | sellis@mitchellcc.edu
- Crossroads Arts & Science Early College** | Mamie Houston | mhouston@mitchellcc.edu