



Office Use Only	
Initial	
	Front Desk
	Instructional Outreach Specialist
	Registrar
	Business Office

Drop - Withdrawal Form Concurrent/Dual Enrollment

Student Name _____ High School _____

Date of Birth _____ Phone Number _____ MATC ID # _____

Drop-Withdrawal Information	Refund Policy Information
<p>To officially drop a course, the Drop-Withdrawal form must be completed and returned to the Student Services Department at Manhattan Area Technical College. Failure to attend class does not constitute a withdrawal or a drop and may result in a failing grade.</p> <p>Students may drop a course for no grade as follows -- If a course is equal to or greater than 9 weeks, a student may official drop from a course with no transcribed notation of enrollment if the Drop-Withdrawal form is completed and received by the MATC office within 5 business days of the start of the course.</p> <p>A grade of 'W' will appear on the student's transcript if the student officially withdraws from a course prior to 75% of the course being completed for the semester (see the enrollment calendar for exact dates).</p>	<p>Refunds are calculated based on the day a student officially drops a class after which a Drop/Withdrawal Form is received by the Student Services Department in the main office at Manhattan Area Technical College.</p> <p>A student will receive a 100% refund if the completed drop form is received by the registration office at MATC within 5 business days of a course that is equal to or greater than 9 weeks, and 2 business days of a course that is 8 weeks or less.</p> <p>No refund will be given after the refund period. A specific date for the end of the 100% refund period for each semester will be published in the academic calendar for that semester. If MATC exercises its right to cancel a class, a full refund will be issued.</p>

Term	Course Number	Section Number	Course Title	Credit Hours	Effective Date	Instructor Signature
Fall 17	COM 105	1H112	English Composition I	3	9/1/2017	Professor Scott Smith

Student Signature: _____ Date: _____

The above named student has requested a drop/withdrawal from the above course(s). I have reviewed the drop/withdrawal and refund information with the student.

High School Counselor: _____ Date: _____