

ANC Early College Program Drop/Withdrawal Form

(870)780-1201 www.anc.edu 2501 South Division P.O Box 1109 Blytheville, AR 72315

Step 1:									
Print Name:			Student ID #:						
Last			First		Middle			Required	
		2 1/							
Withdra	awing from all cours	es? Yes	No	Semester: Fall	Year	Spring	Year	Summer Yea	
Step 2:					icai		i Cai	160	21
Dept.	Course Number	Section		Course Title				Instructo	r Name
Бері.	Course Number	Section		Course ritte				mstructo	i Name
Step 3:									
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				curate response is in	nportan	t to us!			
Z1. Coursework too difficult/Too fast paced									
Z2. Difficulty submitting online coursework									
Z3.	No Internet access	at beginnin	g of term/Lo	ss access after term	began				
Z4.	Prefer classroom in	struction (v	s online cou	rse)					
Z5.	Did not commit 6 h	ours outsid	e of class/St	udy Habits					
Z6.	Moving out of area								
Z7.	Loss/no interest								
Z8.	Employment or Tra	nsportation	า						
Z9.	Administrative Witl	ndraw							
Step 4: (All	Signatures Require	d)							
Principa	al/Counselor Signatu	ıre:							
Advisor	Signature:								
									ecomes a part of the
	•			_				-	ned will be included
_	-	and comple	etion rates to	o determine Satisfac	tory Ac	ademic Pr	ogress f	or both academ	ic and financial aid
calcula	tions.								
Studen	t Signature:					Bal. Du	e:		
Parent :	Signature:								
Office	Use:								
	red by:				Data:				