



This form must be completed and returned to the SCC Registrar.

Student Name _____ Triand# _____

Program _____ High School _____

Reason for drop: _____

Books and Materials Returned? YES _____ NO _____

List Class(es) to DROP

D R O P	Course # & Section	Course Name

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ Date _____

C2K

Ashley Keeney -- Registrar
 Secondary Career Center
 Northwest Technical Institute
 P O Box 2000
 709 S Old Missouri Road
 Springdale, AR 72765
 Tel: (479) 751-8824 Ext. 179
 Fax: (479) 751-2292