

Leap Concurrent Enrollment Drop/Withdraw form

I wish to □drop □withdraw from the following course:

me		
WSC ID		
Course Number		CRN
Credits		Semester/Year
□Student Initiated □	□Instructor Initiated	
	l district for this co	may not pay for this course and I may be ourse. Contact your high school counselor to
Student Signature	 Date	
Parent/Guardian Signature	 Date	
High School Designee Signature	 Date	-
Return this form to: Western State Colorado Univer Extended Studies	rsity	

600 N. Adams Taylor 303 Gunnison, CO 81231