



REQUEST TO DROP FORM

Deadline for dropping a course: Wednesday, September 30, 2009

This form must be submitted in-person or by fax to (434) 982-5324.

Student
Name _____

EMPL ID# _____

First Course	Course Subject	Course Number	Class # (5 digits)	Title of Course
	<i>Reason for drop:</i>			
	Student Signature:		<i>Date:</i>	

Second Course	Course Subject	Course Number	Class # (5 digits)	Title of Course
	<i>Reason for drop:</i>			
	Student Signature:		<i>Date:</i>	

Request For Refund

If applicable, please choose a refund category:

_____ I am dropping August 25 or before. 100% tuition refund; no fees returned.

_____ I am dropping after 5 pm on August 25 and before 5 pm on September 4: 80% tuition refund; no fees returned.

Office Use Only: Refund Approved _____ Date _____