

SEMESTER \_\_\_\_\_ 20 \_\_\_\_\_

<p>OFFICE USE ONLY:</p> <p>Completed by: _____</p> <p>_____</p> <p>Power Campus No.</p>
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NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last First M

ADDRESS: \_\_\_\_\_  
Number & Street City State Zip

COURSE NUMBER	SECTION LECTURE	SECTION LAB	INSTRUCTOR'S SIGNATURE

By completing and signing this form the College in High School (CHS) student is agreeing to be dropped from the course in which he/she was originally registered for. A student enrolled in a fall semester or full-year CHS course may drop the course with a full cancellation of tuition through October 11th. A student enrolled in a spring-semester CHS course may drop the course with a full cancellation of tuition through March 3rd.

\_\_\_\_\_  
 Parent's Signature Date Guidance Counselor Signature Date Registrar's Signature Date

**PLEASE NOTE:** Please either mail or fax this completed form to the Registrar's Office at FMCC. Any forms not complete will not be processed. Any forms received after the deadline date will not be processed.

Our mailing address is: 2805 State Hwy 67 Johnstown, NY 12095 Attn: Registrar's Office

Our Fax number is: (518) 762-4334