



# Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

## Career and College Promise Drop Form

Name: \_\_\_\_\_ BCCC ID or DOB# \_\_\_\_\_

High School: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Course(s) to be dropped:

Course Prefix	Section #	Course Title

Last day student attended class: \_\_\_\_\_

**\*If student never attending please put N/A, if online course please put the last day the student logged on.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Counselor and Parent Signature if they are present.*