SOUTH PLAINS COLLEGE

**Dual Credit Drop Request**

Student Name: _____ Student ID: _____

High School: _____ Birth Date: _____

Course Section: _____ Instructor: _____

_____ _____

**Student's Signature** **Date** **Counselor/Instructor's Signature** **Date**

**Mail, Fax or Email to:**

South Plains College
Attention: **Dual Credit Office**
1401 South College Avenue
Levelland, TX 79336

**Fax:** (806) 716-2731
**Email:** dualcredit@southplainscollege.edu

***Note:***

- ✓ Refunds are calculated by the date the written request is received in the Admissions and Records Office.
- ✓ Drop slips must be received in our office by the final drop date. See semester calendar for deadlines.
- ✓ Dropping a class is not considered complete until the completed drop slip is received and processed in the Admissions and Records Office.