

Form Revised July 2009



and

careertech



INSTITUTE OF TECHNOLOGY

Jody Bane, Academic Affairs
OSU Institute of Technology
1801 East 4th Street
Okmulgee, OK 74447-3901
1.800.722.4471
1.918.293.4913
Fax: 1.918.293.4605

Cooperative Alliance Drop/Withdraw

_____ **High School**

_____ **Adult**

Semester: Fall _____ Spring _____ Summer _____

Participating Technology Center Campus: _____

Technology Center Program: _____

Student Name: _____

First

Middle

Last

Social Security/CWID Number: _____

Total Withdraw From All Courses:

Note: For a total withdraw, individual courses do not need to be listed.

Courses to be dropped for current semester (please include courses prefix, number and name):

Student: _____ Date: _____

Signature (if available)

Tech Center
Counselor/Advisor: _____ Date: _____

Signature