



Office of Academic Agreements – Dow E213  
 3201 Campus Drive  
 Klamath Falls, OR 97601  
 Phone (541)885-1844 Fax (541)885-1619

For Office Use Only	
TERM	_____
DATE	_____
INITIALS	_____

## ACP Drop/Withdraw Form

Oregon Tech Student ID Number \_\_\_\_\_

Last Name _____ First _____ Middle _____
High School _____

CRN <small>For Office Use Only</small>	Term/Year	Course Prefix	Course Title	Credit Hours	High School Instructor

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

High School Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax or mail the completed form to the Office of Academic Agreements by the Drop/Withdraw deadline. Failure to submit this form by the deadline will result in an F or other poor grade on your college transcript.**