Missouri Baptist University

EXCEL Course Drop Form

TODAY'S DATE: _____ Student ID#: _____
(on billing statement)

NAME: _____ PHONE#: _____
(last, first, middle)

High School:_____ Semester/Year:_____

Drop the following:

MBU Course #	MBU Course Title	Instructor	Credit Hours

By signing this form you are acknowledging that you will not receive credit for listed courses. Courses dropped after the census date will not be refunded. See calendar at www.mobap/excel.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
High School EXCEL Coordinator Date

_____
EXCEL Office Signature

_____
Effective Date

Please return completed forms to
EXCEL Office
Missouri Baptist University ▪ One College Park Drive ▪ Saint Louis, Missouri 63141-8698
(314)392-2203 ▪ (314) 392-2213 FAX ▪ excel@mobap.edu
www.mobap.edu/excel