



Ranger College  
1240 College Circle  
Ranger, TX 76470

(254) 267-7019  
[registrar@rangercollege.edu](mailto:registrar@rangercollege.edu)

### Single Class Drop Form

(a form is required for each course drop being requested)

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Classes to Drop: \_\_\_\_\_

| Course | Number | Section | Day/Hour |
|--------|--------|---------|----------|
| Lab    | Number | Section | Day/Hour |

Reason for Drop: \_\_\_\_\_

Currently enrolled in:  Fall  Wintermester  Spring  Maymester  Summer  Year

Are you a Dual Credit student?  Yes/  No  
If yes, your High School Counselor must sign and submit this form to the RC Dual Credit Director.

Are you a RC Athlete?  Yes/  Sport  No  
If yes, your coach must sign this form before you submit it to the Registrar's Office.

To drop a class, email the completed, signed form to the Registrar's Office at [registrar@rangercollege.edu](mailto:registrar@rangercollege.edu). The official drop date will be the date the form is received by the Registrar's Office. Students will remain on the course roster but will receive a grade of a "W" for the course. Students should consult with the Financial Aid Office to see how dropping a course will affect the satisfactory academic progress. Depending on the date this form is submitted, students may or may not have a portion of their tuition and fees refunded. The tuition and fee refund schedule can be found in the Ranger College Catalog.

I understand that this form must be completed with all required signatures and received in the Registrar's Office before my class drop and grade of W is official. I am aware of Senate Bill 1231 regarding the limiting of the number of courses that may be dropped. I also understand that details of SB 1231 may be found in the Ranger College Catalog.

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

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Required Signatures

Instructor Signature: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

HS Counselor Signature (required for Dual Credit students): \_\_\_\_\_

Coaches Signature (required for Athletes): \_\_\_\_\_

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To be completed by Registrar's Office

Date Received: \_\_\_\_\_

RO Initials: \_\_\_\_\_