



## College Achievement Program (CAP)

### Request to Drop or Withdraw

University of Southern Indiana  
 Registrar's Office  
 8600 University Blvd.  
 Evansville, IN 47712

Orr Center, Rm 1075 Email: [registrar@usi.edu](mailto:registrar@usi.edu)  
 Phone: 812-464-1762 Fax: 812-464-1911

STUDENTS DO NOT WRITE IN THIS AREA		
Percentage of refund		
Part Of Term	CP	CPE
Processed by	Date	
Checked by	Date	
Free/Reduced Lunch	<input type="checkbox"/>	

Student ID # (USI Use): 000 Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Semester/Term \*: \_\_\_\_\_ Year: \_\_\_\_\_

*\*Semester/term in which the course began.*

Indicate each class you wish to drop for the current semester/term. Enter the Subject, Course and Section number only.

	USI Subject	USI Course Number	USI Section Number	CRN (CAP Office Only)	Course Title (CAP Office Only)	Credits (CAP Office Only)
D R O P						

Registrar's use only (check one):  Add/Drop  Withdrawal From the Semester

**PLEASE NOTE:**

- If a student drops the high school CAP course, they **are not automatically removed from the USI CAP section**. It is the student's responsibility to contact the CAP instructor **and** CAP office so a withdrawal may be processed.
- Dropping or withdrawing from a course does not necessarily entitle you to a refund.
- The grade you earn in your CAP course will be recorded on a USI transcript, regardless of what it is, unless timely action is taken to withdraw from the course
- Submission of this form does not guarantee a grade of 'W'.
- Refer to <https://www.usi.edu/media/5620234/withdrawal-billing-calendar-19-20.pdf> for details regarding withdrawals, refunds and grading.

**SIGNATURES:** By signing this form, I indicate that I understand the Drop, Withdrawal and Refund Policies, and I understand that revising my schedule does not release me from any financial obligations with other University offices. The official date of the drop/withdrawal will be the date this form is received in the Registrar's Office.

Student's handwritten/legal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's handwritten/legal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CAP Program Official: \_\_\_\_\_ Date: \_\_\_\_\_

Submit the completed form to the CAP Office at [cap@usi.edu](mailto:cap@usi.edu). If you have questions, please contact the CAP office at 812-228-5022.