

Great Falls College MSU Dual Enrollment DROP CARD

IF YOU ARE DROPPING A CLASS/CLASSES BEFORE THE DROP WITH A PARTIAL REFUND DEADLINE,
THOSE CLASSES WILL NOT APPEAR ON YOUR ACADEMIC TRANSCRIPT. **YOU MAY STILL OWE A BILL TO THE COLLEGE.**

NAME: _____ STUDENT ID: _____ DATE OF BIRTH: _____
 LAST **FIRST**

High School: _____ TERM: ☐ Fall ☐ Spring ☐ Summer YEAR: _____

IMPORTANT INFORMATION / DIRECTIONS

- Be sure to check with Student Accounts for any changes in tuition/fee assessment.
- **If you are dropping all of your classes you must fill out a complete withdrawal form.**
- If you are dropping a class after the deadline to drop online, you will receive a "W" on your transcript; this indicates that you did not complete the class but does not affect your grade point average, and you will still owe a bill to the College for those credits dropped.
- Once a course is dropped you are no longer allowed to attend or participate in the course.

Please return completed card to: GFC MSU; Registrar's Office, 2100 16th Avenue South, Great Falls, MT 59405, or Fax 406-771-4329

QUESTIONS:

With whom did you discuss your decision to drop your course (s) (check all that apply)? ☐ College Staff member ☐ Faculty member
☐ Advisor ☐ Fellow student ☐ Employer ☐ Relative ☐ High School staff member

Please indicate if the following reasons contributed to your dropping your course(s) from GFC MSU.

Academic:

- ☐ I'm unsure of my major/future goals
- ☐ My academic performance wasn't satisfactory
- ☐ I'm too far behind in my courses
- ☐ My course(s) are too challenging
- ☐ I wasn't ready for college

Online Courses

- ☐ I didn't receive adequate training/support with Canvas
- ☐ My online classes weren't what I expected
- ☐ I don't have the technical skills needed for online classes
- ☐ I didn't have the hardware or software or proctoring resources needed for online classes

Campus Engagement

- ☐ I had negative interactions with faculty
- ☐ I didn't have the amount of faculty interaction I expected
- ☐ There was insufficient academic assistance available
- ☐ I didn't have a social connection with people at the college

Personal/Medical Issues

- ☐ I encountered unexpected changes in finances
- ☐ Employment interferes with academics
- ☐ I'm experiencing physical/emotional health-related problems
- ☐ A family member/friend is experiencing difficulties

Other: _____

FOR HIGH
SCHOOL
DUAL EN-
ROLLMENT
STUDENTS
ONLY

DROP →	CRN Number	Subject	Course No.	Section	Circle Current Grade	DC or CC*
					A B C D P F	<input type="checkbox"/> DC <input type="checkbox"/> CC

* Please identify if this course was a Dual Credit (DC) course or a College-Credit-Only (CC) course.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Parent Signature (if student is under 18 years of age): _____ Date: _____

High school counselor/Principal Signature: _____ Date: _____

College counselor/Advisor Signature: _____ Date: _____

BY YOUR SIGNATURE, YOU ARE REQUESTING THAT THE COLLEGE DROP YOU FROM THE REQUESTED CLASS

Drop Entered by: _____ Date: _____

Survey Entered by: _____ Date: _____

Revised
7/24/2025