



Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

Early College Program Drop Form

Name: _____ BCCC ID or DOB# _____

High School: _____

Contact phone #: _____

Course(s) to be dropped:

Course Prefix	Section #	Course Title

Last day student attended class: _____

***If student never attending please put N/A, if online course please put the last day the student logged on.**

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____