



College Now/Tech Prep Audit/Drop Form

Student: _____ Date: _____
(Print) Last First Middle

Mailing Address: _____
Street City State Zip

Day Telephone: _____ Evening Telephone: _____ Name of High School: _____

AUDIT: "X" appears on the transcript. See the College Now/Tech Prep Academic Calendar for correct dates.

Course Number	Course Title	Cr	High School Teacher Signature	Date Signed

DROP: Does not appear on the transcript if dropped early in the term. "W" appears on the transcript if dropped later in the term. See the College Now/Tech Prep Academic Calendar for correct dates.

Course Number	Course Title	Cr	High School Teacher Signature	Date Signed

Student signature, attesting that all information above is true.

Mail completed form to:

College Now/Tech Prep
Central Oregon Community College
2600 NW College Way
Bend, OR 97701

For COCC Office Use Only:

COCC Student ID: _____ Date Received: _____

CRN: _____