



Dual Credit Course Withdrawal

Last Name:	DSU ID: 900
First Name:	High School:
Middle Name:	Date:

Course/s you would like to withdraw from:

CRN	Course Name and #	Teacher	Last Date of Attendance	Reason for Withdrawal

Required signatures:

Student:	Date:
Parent:	Date:
Teacher:	Date:

**The Teacher will submit the fully executed form to the High School Guidance Counselor. The Counselor will send the fully executed form via email to Registrar@deltastate.edu by the "Last day to withdraw and receive a W" deadline as shown on Delta State's Important Deadlines Calendar on the following web page: <http://www.deltastate.edu/academic-affairs/important-deadlines/>