



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 dual credit coordinator. The high school dual credit coordinator 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/>