



Office of Academic Outreach  
 3950 East Newman Road  
 Hearnes Hall 315  
 Joplin, MO 64801  
 Phone: 417/625-9785  
 Email: dualcredit@mssu.edu

## Dual Credit/Dual Enrollment Course Withdrawal Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last Name, First, Middle Initial)

Phone Number: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Student ID: \_\_\_\_\_ High School: \_\_\_\_\_

### Course Drop(s):

CRN #	Course Name/Number	Instructor

\_\_\_\_\_  
 Principal or Designee Signature Date

\_\_\_\_\_  
 Parent or Guardian Signature Date

\_\_\_\_\_  
 Student Signature Date

***A "Drop" will result in a W (Withdrawal) on the student's transcript. By signing this form you are acknowledging that you will not receive credit for listed courses.***

Please return completed forms to: Julie Wengert at dualcredit@mssu.edu or  
 3950 E. Newman RD., HH 315 • Joplin, MO 64801 • PH: 417-625-9785 • FX: 417-659-4028

**For Office Use Only:** Date received by Academic Outreach: \_\_\_\_\_ Date dropped by MSSU: \_\_\_\_\_