

MISSOURI SOUTHERN STATE UNIVERSITY

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: _____ Type of Withdrawal: Single Total

Date dropped by MSSU: _____ Copy to Academic Outreach Upon Completion