

MISSOURI SOUTHERN STATE UNIVERSITY

Dual Credit/Dual Enrollment Course Drop/Withdrawal Request Form
**IF YOU ARE NOT A DUAL CREDIT/DUAL ENROLLMENT
HIGH SCHOOL STUDENT, DO NOT USE THIS FORM**

Name: _____ Date: ____/____/____

Phone Number: _____ Semester/Year: _____

Student ID: _____ High School: _____

Course Information

| CRN # | Course Name/Number | Instructor |
|-------|--------------------|------------|
| | | |
| | | |

Principal or Designee Signature

Date

Parent or Guardian Signature

Date

Student Signature

Date

By signing this form you are acknowledging that you will not receive credit for listed courses.

Please return completed forms to: Brett Meeker 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 completed by MSSU: _____