



Dual Credit Course Withdrawal Form

Division of Educational Innovation and
Extended Studies Use:

Student Name _____ ID# _____

Date of Birth _____ Email address _____

High School _____

Reason for withdrawal _____

Course Prefix	Course #	Section	Course Title	Term / Year

Contact the Division of Educational Innovation and Extended Studies for deadlines associated with course withdrawals. **Refunds will not be granted after the deadline.**

Student Signature

Date

Parent Signature

Date

School Official Signature

Date

Completed forms should be submitted to the Division of Educational Innovation and Extended Studies. **It is the student's responsibility to make sure that the withdrawal form is received by the Division of Educational Innovation and Extended Studies.** Email confirmations will be sent immediately after the withdrawal is processed. Contact the office for any additional questions at (573) 681-5206.