Request to Drop Dual Credit Course(s)

Students wishing to drop a Dual Credit course must have this form completed by their principal or designee. Course(s) will not be dropped until this form is completed in full and received by the Dual Credit Office. The official drop date will be the date the form is received by the Dual Credit Office.

Student’s Name: ________________________________________________________________

Southeast ID Number (key): _________________________________________________________

High School: __________________________________________________________________________________

Course(s) to be dropped (course name, course number, and section number):

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Course Section</th>
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PRINCIPAL OR DESIGNEE SIGNATURE  DATE

PARENT OR GUARDIAN SIGNATURE  DATE

STUDENT SIGNATURE  DATE

Southeast Missouri State University  Phone: (573) 986-6179
Office of Dual Credit  Fax: (573) 651-2612
One University Plaza, MS6875
Cape Girardeau, MO 63701

Date received by Dual Credit Office: ___________