

Dual Credit Drop/Withdrawal Request From

Full Legal Name					Banner ID #		
High School					Email Address		
Date Submitted					Date Processed		
Student					Parent/Guardian		
Signature					Signature		
Please indicate below the nature of your request							
	I am taking multiple Truman State University dual credit courses and I am seeking to drop only one of them.						
	I am taking	n taking multiple Truman State University dual credit courses and I am seeking to drop more than one of					
		nem, but not all of them.					
	I am taking	am taking multiple Truman State University dual credit courses and I am seeking to drop ALL of them.					
	I am taking a single Truman State University dual credit course and I am seeking to drop it.						
Please list the course(s) you are seeking to drop (List course number and name)							
Course # Course Name							
Please check the reasons for your withdrawal from the course(s) below.							
	I am not performing well in the course/getting a bad grade.						
	I am suffering from an illness that has prevented me from completing my obligations to this course.						
	The content of this course is no longer interesting to me.						
	Other (please indicate)						
If requesting a withdrawal from all courses due to medical circumstances, please describe the circumstances below and attach relevant documentation to the request.							
Administrative Resolution							
	Medical Withdrawal Granted for All Courses						
	Individual Course(s) Dropped with No Mark on Transcript						
	Individual Courses(s) Dropped with a W on the Transcript						
	Individual Courses(s) Dropped with a WF on the Transcript						
	Refund Granted (If Applicable) in the Amount of						
	Comments						