



**DUAL ENROLLMENT
COURSE WITHDRAWAL FORM**

STUDENT NAME: _____ TSC ID#: _____

SCHOOL: _____ DATE: _____

YEAR: _____ FALL SPRING DATE OF BIRTH: _____

Students who wish to withdraw from a Dual Enrollment course must submit this completed form to their school Counselor prior to the official semester withdrawal deadline.

Student Complete this Section:			Instructor Complete this Section:	
<i>Course Name</i>	<i>Course Number</i>	<i>Course Section</i>	<i>Instructor Signature</i>	<i>Last Date of Attendance</i>

I hereby withdraw from my Dual Enrollment course(s) for the term and year indicated above.

Student Signature: _____ Date: _____

I am aware that my son/daughter is dropping the Dual Enrollment course(s) above. I understand that a "W" will appear on my son/daughter's college transcript. A "W" could possibly affect my son/daughter's future financial aid status and/or satisfactory academic progress.

Parent Signature: _____ Date: _____

SCHOOL DISTRICT USE ONLY:

Counselor Signature: _____ Date: _____

TEXAS SOUTHMOST COLLEGE USE ONLY:

Received By: _____ Date: _____

Approved Denied Comments: _____

Processed By: _____ Date: _____