

Dual Credit Drop Form

Dual Credit Office Use _____
--

Last four digits of S.S. Number: XXX - XX - ____ - ____ DOB _____

Student Name: _____

Last
First
Middle

Name of High School: _____

Reason for dropping course(s): _____

Course #	Course Title	Instructor	Face to Face, Online, I-TV	Semester	Credit Hours

Please see dual credit calendar for refund deadlines associated with dropping classes. **Refunds will not be issued after the deadline listed on the dual credit calendar.**

Student Signature

Date

Parent Signature

Date

Teacher Signature

Date

Principal Signature

Date

If you have any questions please contact us at 660-543-4876 or dualcredit@ucmo.edu