



<b>For Office Use Only</b>	
Process Date _____	
Initials _____	

## Dual Credit Drop/Withdrawal/Audit Form

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>STUDENT ID NUMBER (918#)</b>	<b>TERM</b>
<b>HIGH SCHOOL INSTRUCTOR</b>			<b>HIGH SCHOOL</b>	<b>DATE:</b>

<b>COURSE DROPS/WITHDRAWS and AUDITS</b>						
CRN	COURSE/ NUM	SEC	REASON	INSTRUCTOR SIGNATURE	WITHDRAW	AUDIT?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 STUDENT SIGNATURE DATE

\_\_\_\_\_  
 HIGH SCHOOL INSTRUCTOR SIGNATURE DATE

<b>COMPLETE WITHDRAW ONLY</b>	
BUSINESS OFFICE SIGNATURE	DATE