WEATHERFORD COLLEGE 1869 | DUAL CREDIT

Course Withdrawal Request Form

Student Information

Student Name: _____WC ID Number:_____

High School: _____

Course Information

Course Prefix & Section Number: _____

Course Title: _____

Instructor: _____

Last Date of Attendance:_____Date of Request:_____

Reason for Withdrawal

_____

_____

Acknowledgment

I understand that withdrawing from this course may affect my progress toward high school graduation requirements, college degree completion, financial aid eligibility, and future college enrollment plans. I acknowledge that I have discussed this withdrawal request with the appropriate parties and understand the potential consequences of withdrawing from this course.

Signatures

Student Signature:_____Date:_____

Instructor Signature: _____ Date:_____

High School Counselor Signature: _____ Date:_____

*An email from the course instructor and/or high school counselor indicating approval of the withdrawal request may be attached instead of a signature. Withdrawal requests will not be processed until approval has been received from both the course instructor and the high school counselor.

Dual Credit Office Use Only

Date Received: _____

Withdrawal Processed By: _____

Date Processed: _____