

**Southeast Missouri State
Office of Dual Credit
Request to Drop Dual Credit Course(s)**



**SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873**

Students wishing to drop a Dual Credit course must have this form completed by their principal or designee. Course(s) will not be dropped until this form is completed in full and received by the Dual Credit Office. The official drop date will be the date the form is received by the Dual Credit Office.

Student's Name: _____

Southeast ID Number (key): _____

High School: _____

Course(s) to be dropped (course name, course number, and section number):

_____	_____	_____
Course Name	Course Number	Course Section

_____	_____	_____
Course Name	Course Number	Course Section

PRINCIPAL OR DESIGNEE SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Southeast Missouri State University
Office of Dual Credit
One University Plaza, MS6875
Cape Girardeau, MO 63701

Phone: (573) 986-6179
Fax: (573) 651-2612

Date received by Dual Credit Office: _____