

One form per course is required

ALL information must be filled in for withdrawal to be processed

Student ID Number _____ Last Name _____ First _____ Middle _____

Course Prefix _____ Number _____ Section _____ Instructor's Name _____
 (i.e. ENGL 1301 501)

Student Email Address _____

Reason for withdrawal _____

HIGH SCHOOL COUNSELOR SIGNATURE _____ Date _____

HIGH SCHOOL NAME _____

Was this student F & R? Yes _____ No _____

Does this student need the class for graduation? Yes _____ No _____

PARENT SIGNATURE _____ Date _____

(I understand that the student will be subject to class fees and a "W" on their transcript)

STUDENT SIGNATURE _____ Date _____

(I verify that the information provided is true and correct. I understand the academic implications of withdrawing from the course)

Forms can be scanned to the following Dual Credit Staff

Bowie and Graham Campuses Terrie Moss tmoss@nctc.edu P.O. Box 1247 810 S. Mill St. Bowie, TX 76230	Corinth Campus May Wright Dobbs emwright@nctc.edu 1500 North Corinth St. Corinth, TX 76208	Gainesville Campus Barbara Stanley bstanley@nctc.edu 1525 W. California St. Gainesville, TX 76240	Flower Mound Campus Diane Mannion dmannion@nctc.edu 1200 Parker Square Flower Mound, TX 75028	Gainesville Campus Susan Cooper scooper@nctc.edu 1525 W. California St. Gainesville, TX 76240
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RECEIVED
Date: _____
By: _____
Term: _____

PROCESSED
Date: _____
By: _____

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