



Dual Enrollment Withdrawal Request Form

Student Name: _____

Student L#: _____

Course Abbreviation/Title: _____

Instructor of Course: _____

Course Section: _____

Course Date/Time: _____

Briefly describe the reason for withdrawal:

I have spoken to both my high school counselor and the Office of Dual Enrollment at Lander University. I understand the impact that withdrawing has on both my high school and college transcripts. My signature below certifies that I wish to withdraw from the above class.

Student Signature

Date

Parent/Guardian Signature

Date

High School Counselor Signature

Date

Director of Dual Enrollment Signature

Date