



Dual Credit Course Drop Form

Year: 20____ Term: Fall Spring Summer

PLEASE PRINT OR TYPE

Student Name: _____ LSCS ID#: _____

Current School: _____ Current Grade Level: _____

I understand I must present this form to a LSCS advisor in order to completely drop/withdraw from this course(s). If it is after the official day of record according to LSCS calendar, I understand my college transcript will indicate a "W" for withdraw from this course. Standard LSCS refund policies apply.

Student Signature: _____ Date: _____

High School Designee Signature: _____ Date: _____

To Be Completed By High School Principal Or Designee

SUBJECT AND COURSE #	SECTION #	HIGH SCHOOL COURSE

Student Services Representative: _____ Date: _____

11.29.12.02

ARC-030 2/13



Dual Credit Course Drop Form

Year: 20____ Term: Fall Spring Summer

PLEASE PRINT OR TYPE

Student Name: _____ LSCS ID#: _____

Current School: _____ Current Grade Level: _____

I understand I must present this form to a LSCS advisor in order to completely drop/withdraw from this course(s). If it is after the official day of record according to LSCS calendar, I understand my college transcript will indicate a "W" for withdraw from this course. Standard LSCS refund policies apply.

Student Signature: _____ Date: _____

High School Designee Signature: _____ Date: _____

To Be Completed By High School Principal Or Designee

SUBJECT AND COURSE #	SECTION #	HIGH SCHOOL COURSE

Student Services Representative: _____ Date: _____

11.29.12.02

ARC-030 2/13