

Course Drop / Withdrawal Form – Dual Credit / Concurrent Credit

WCJC Student ID	Last Name (Current Legal)	First Name
School District	WCJC Student Email Address	Preferred Phone Number

Term: _____ 20_____

CRN	Subject	Course #	Reason for Drop

Note: Students are still responsible for paying for the classes.

Signatures:

Student Signature	Date
Parent / Legal Guardian Signature	Date
ISD Counselor Signature	Date

Please complete form in blue or black ink only. Email completed form to natalies@wcjc.edu.