

Student ID	
	(for campus use only)

## Dual Credit/Early Entry Drop Form

Students need to complete this form if they are a dual credit/early entry student and plan to drop any class during the semester they are enrolled. Failure to do so may result in failures (F's) being recorded for all courses in which they are enrolled. The withdrawal date posted on the student's record and all refunds will be based on the date the initial form was received in the Distance Education Office.

Student Information					
Student's Legal Name (Last, First, Middle Initial)					
Student ID	Semester (Fall, Spring or Summer)	Academi	ic Year		
High School	Class(es) to Drop:				
Reason for Dropping?					
Will you be enrolling at DCB in the future?	If so, which semester?				
Authorization					
By signing below, you agree to the following: I accept all academic and financial consequences resulting from this drop/withdrawal. I understand					
I will forfeit the grades from the current courses that I am dropping, and that I am subject to charges and refunds according to State Board of Higher Education policy.					
Student Signature:			Date:		
Parent Signature:			Date:		
High School Administrator Signature:			Date:		

**All Signatures Required** 

Submit Completed Form by E-mail, Fax or Mail:
E-mail: stacy.allard@dakotacollege.edu
Fax: 701-228-5614
Mail (only if fax or email is not an option):
Dakota College at Bottineau
ATTN: Stacy Allard
105 Simrall Blvd
Bottineau, ND 58318