



DUAL-CREDIT DROP REQUEST

Important: This form must be completed for a dual credit student to drop.

Term:

FALL _____

SPRING _____

TO BE COMPLETED BY STUDENT, PARENT AND ISD OFFICIAL:

Legal Name: _____ TC ID _____
Last First MI

Date of Birth: ____ / ____ / ____ Current High School: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ISD Official Signature: _____ Date: _____

Official Drop Date: _____ Last Date of Attendance: _____

Professor/ ISD Reason for Drop if After Student-Initiated Drop Date has Passed (Please Circle):

Exceeds Allotted Absences Disciplinary Issue Other (Please Explain) _____

Student, parent, and ISD official authorize the TC Registrar Office to drop from the dual credit courses listed.

Course	High School	Instructor

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