

MISSOURI STATE UNIVERSITY

DUAL CREDIT

Registration Request/Drop Form and Enrollment Agreement

This is a legal and binding document. Please read the entire document before signing it.

Name: _____ M _____
Last First Middle Initial BearPass Number/Student ID
(If known)

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ High School Name: _____
month day year

Indicate semester and year of registration: Fall Spring Summer Year: _____

CLASSES TO BE ADDED:

	Subject	Course Number	Section Number	Credit Hours	CRN
EX.	FIN	150	EX1	3	54321
1					
2					
3					
4					
5					

CLASSES TO BE DROPPED

	Subject	Course Number	Section Number	Credit Hours	CRN
EX.	FIN	150	EX1	3	54321
1					
2					
3					
4					
5					

Date last participated in the course & reason for Drop request:

Office Code:

I wish to withdraw from (DROP) the course(s) listed above. I have notified my teacher that I am dropping the course(s) for dual credit, and I have given the completed form to my counselor to be submitted to the Missouri State Dual Credit Office.

Student's signature

Date

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

Counselor's signature

Date

Missouri State University - Dual Credit
901 South National Avenue Springfield, Missouri 65897
Phone: (417) 836-3254
Please email form to DualCredit@MissouriState.edu

For Office Use Only

Processed by _____ Date _____

Total hours _____