

# 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					

Reason for Drop:

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 Fax: (417) 836-3716

#### For Office Use Only

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Total hours \_\_\_\_\_