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**Drop/Add for Dual Enrollment**

##

Student must initiate this form and obtain the required signatures. Requests will not be processed without the required signatures. All fields are required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date:** |  |
|  | Last | First | Middle |  |  |
| **Mitchell Student ID:**  |  |  | **High School:**  |  |

|  |  |
| --- | --- |
|  | **Year \_\_\_\_\_\_\_\_ Semester 🞏 Fall 🞏 Spring 🞏 Summer** |
| **Dept. & Course #** | **Section** | **Course Title** | **Credit Hours** |
| **DROP** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **ADD** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I acknowledge that I may face academic and/or financial penalties from my high school for dropping the above listed courses. I have consulted with my high school regarding the decision to drop these courses.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |

|  |
| --- |
| **HIGH SCHOOL USE ONLY** |
| Please initial, sign, and date. Return directly to CCPDualEnrollment@mitchellcc.edu.  |
| \_\_\_\_\_\_\_\_\_\_ This student is dropping the above course(s) with my permission and **is not** responsible for reimbursing the sponsor for costs associated with enrollment.\_\_\_\_\_\_\_\_\_\_ This student is dropping the above course(s) and is fully responsible for reimbursing the sponsor for the costs associated with enrollment. |
|  |  |  |  |  |
| Principal/Designee Signature |  | Date |  |