

Please return this form to [dualcredit@mclennan.edu](mailto:dualcredit@mclennan.edu) immediately after completion. Tuition refund is determined by date processed. Form must have appropriate signatures before submission.

MCC ID: \_\_\_\_\_ Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Information:					
	Course Name, Number, and Section	Notes		Course Name, Number, and Section	Notes
A			D		
D			R		
D			O		
			P		

**Reason for Change:**

<input type="checkbox"/> Online Lack of Participation	<input type="checkbox"/> Absences	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Student Requested	<input type="checkbox"/> TSI Violation	<input type="checkbox"/> Never Attended
<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Other _____	

**At Desire of:**

<input type="checkbox"/> Student	<input type="checkbox"/> College
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Student Must Complete this Section:	
<b>Please check that you have read the following:</b>	<input type="checkbox"/> I have read the following: <ul style="list-style-type: none"> <li>▪ Dropping a course before the census date does not place a W on the student transcript.</li> <li>▪ Dropping a course after the census date will place a W on the student transcript.</li> </ul>
<b>Please check that you have read the following:</b>	<input type="checkbox"/> I am aware that withdrawing from courses can affect my high school graduation and my MCC program completion. Tuition will increase for a third attempt at a course. After high school graduation, withdrawals are limited to six.
<b>Future Financial Aid</b> (Please check response)	<input type="checkbox"/> I have read the following: <ul style="list-style-type: none"> <li>▪ Students who receive federal financial aid after high school graduation are required to maintain a cumulative 67% completion rate (complete at least 67% of all attempted courses). Withdrawing from a course will reduce my completion rate and may affect my future financial aid eligibility.</li> <li>▪ Courses taken while in high school will be used in future completion rate calculations.</li> </ul>

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_

Homeschool Parent \_\_\_\_\_ Date \_\_\_\_\_

MCC Approval \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:
Processed by _____ Date _____
<b>Notes:</b>