



School of Graduate and Extended Studies

PETITION TO WITHDRAW FROM A DUAL CREDIT COURSE WITH FULL REFUND AFTER REFUND DEADLINE

Please print clearly ID Number:  700	Student Name (first, mi, last)
Phone:  (       )	Preferred email:

Enrollment Information

Please indicate which course(s) you are petitioning to withdraw from

Course Reference Number (CRN)	Subject Prefix/ Course Number	Semester Hours	Instructor's Name
Example: 13579	ACCT 2101	3	John Smith

Please explain your extenuating circumstances for late withdrawal and attach documentation (if applicable).

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

For Office Use Date: _____
Petition Action: § Approve § Deny
Action By (print) _____ Signature _____