

UNIVERSITY OF  
**CENTRAL MISSOURI**  
 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 e-mail:  

**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: \_\_\_\_\_