



401 Humphreys  
Warrensburg, MO 64093-2324  
www.ucmo.edu/dualcredit  
877-SAY-UCMO, Ext. 23

Dual Credit Office Use

# DUAL CREDIT DROP FORM

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Email Address (for drop confirmation): \_\_\_\_\_

High School: \_\_\_\_\_

Reason for drop: \_\_\_\_\_

Course #	Course Title	Instructor	Face-2-Face, Online, I-TV	Semester

Visit [ucmo.edu/dualcredit/](http://ucmo.edu/dualcredit/) for deadlines associated with dropping classes. **Deadlines will be strictly enforced.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

Complete forms should be faxed to the Dual Credit Office at 660-543-8333 for processing. Email confirmation will be sent immediately after drop is processed.

If you have any questions please contact us at 660-543-4876 or [dualcredit@ucmo.edu](mailto:dualcredit@ucmo.edu)