

DUAL-CREDIT DROP REQUEST Important: This form must b TO BE COMPLETED BY STUDEN				Term: FALL SPRING
Legal Name: Last	First	MI	TC ID	
Date of Birth: / /	_ Current High School:			
Student Signature:			Date:	
Parent Signature:			Date:	
ISD Official Signature:			Date:	
Official Drop Date:	La	ast Date of Attendance:		
Professor/ ISD Reason for Drop if A	fter Student-Initiated Drop I	Date has Passed (Please Circle):		

Exceeds Allotted Absences Disciplinary Issue Other (Please Explain)\_

Student, parent, and ISD official authorize the TC Registrar Office to drop from the dual credit courses listed.

Course	High School	Instructor	

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75501, (903) 823-3355, human.resources@texarkanacollege.edu