



**THIS FORM MUST BE COMPLETED AND SIGNED BY THE PARENT AND  
THE HIGH SCHOOL PRINCIPAL OR COUNSELOR.**

(Circle) SU FA WI \_\_\_\_\_ Date \_\_\_\_\_  
Semester Year

Student Name (print) \_\_\_\_\_ SSN (last 4) \_\_\_\_\_  
Last Name First Name Middle Initial

REASON FOR CANCELLATION/WITHDRAWAL: (please check the one most important reason)

- No longer wish to be dual enrolled
- Insufficient funds
- Dissatisfied with instruction
- Employment
- Family responsibility
- Illness or accident
- Dissatisfied with services
- Planned transfer to other college or University
- Other – Please specify: \_\_\_\_\_

<p><b>Course Elections:</b></p> <p>1. Course _____ CRN _____</p> <p>2. Course _____ CRN _____</p>
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Please note: Although you are processing a drop/withdrawal from courses for the semester indicated above, you are still responsible for the payment of any outstanding tuition and fees. Tuition and fee credit/refunds, if appropriate, are determined according to dates published in the Student Guide section of the schedule book.

**School Approval**

Principal/counselor name (print) \_\_\_\_\_

Principal/counselor signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent**

By signing this form I acknowledge that I am willing to pay any tuition and fees that are not refunded by this drop/withdrawal request and are not covered by the dual enrollment program in my student's district.

Parent name (print) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Mail (certified mail recommended), fax or present this form to the address below. A mailed request is effective as of the postmark date.

University Advising & Career Development Center  
Eastern Michigan University  
200 McKenny Hall, Ypsilanti, MI 48197  
Fax: 734.487.0940

For more information or questions regarding dual enrollment, please email [dual\\_enrollment@emich.edu](mailto:dual_enrollment@emich.edu).