



Dual Credit Withdrawal Form

I (print name) _____ am a high school student enrolled at (print high school name) _____ taking a Hinds Community College course on my campus for dual credit.

I request to be withdrawn from the following Hinds dual credit course(s): _____

Reason for withdrawal: _____

I understand I am being withdrawn from the Hinds Community College course(s) listed above and will not receive college credit.

I understand the college credit hours I am withdrawing from will still appear as hours attempted on my permanent college transcript.

I understand to receive and maintain future federal financial aid upon enrolling in college as a high school graduate, I must make satisfactory progress towards a program of study. Hours attempted may contribute toward my satisfactory progress.

I understand my balance must be paid in full for a complete withdrawal from the college.

Student signature _____ Date _____

Student Hinds ID or social security number _____

Please submit this completed and signed form to Kathryn Cole by email, fax, or mail:

Kathryn Cole
Ph: 601.857.3502
Fax: 601.857.3586
kathryn.cole@hindsc.edu
Hinds Community College
PO Box 1100
Raymond, MS 39154

Hinds administrator approval _____ Date _____