

**Central Methodist University  
Dual Credit Program - Request to Withdraw**

**Directions**

1. Student completes information below. **PLEASE PRINT ALL INFORMATION**
2. Student and Parent/Guardian sign the form
3. School Counselor or on-site dual credit coordinator signs
4. Form is returned to the Dean of Extended Studies by mailing or faxing.
5. Refund Policy:

*For Sixteen Week Term*

Withdrawal first and second weeks	90% of tuition
Withdrawal third and fourth weeks	50% of tuition
Withdrawal fifth-seventh weeks	25% of tuition
Withdrawal eighth weeks and after	no refund

*For Five and Eight Week Term*

Prior to 3 <sup>rd</sup> class	- 90% of tuition
Prior to 5 <sup>th</sup> class	- 50% of tuition
Prior to 8 <sup>th</sup> class	- 25% of tuition
After 8 <sup>th</sup> class	- no refund

Name of Student \_\_\_\_\_  
**Last** (Please Print Full Name) **First** **M**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

I request to withdraw from the following course(s)

\_\_\_\_\_

**Reasons for Withdrawal: Check all that apply. This section must be completed**

- |   |   |
|---|---|
| <input type="checkbox"/> Too Difficult                              | <input type="checkbox"/> Credit won't count                         |
| <input type="checkbox"/> Too Expensive                              | <input type="checkbox"/> Not enough time to devote to college class |
| <input type="checkbox"/> ITV is not what I expected (explain below) | <input type="checkbox"/> Other (explain below)                      |

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature**

**Counselor/** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Coordinator**  
**Signature**

**Return to:  
Rita Gulstad, Dean  
Division of Extended Studies  
Central Methodist University  
411 Central Methodist Square  
Fayette, MO 65248**

**Phone: 660.248.6378**

**Fax: 660.248.6392**

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Dean of Extended Studies