



# Dual Enrollment Permission to Withdraw

**Student Name** \_\_\_\_\_  
Last First Middle

**TCC Student ID Number** \_\_\_\_\_

**Name of High School** \_\_\_\_\_

**This form applies to the following semester:** \_\_\_\_\_

This individual has permission to withdraw from the following course(s):

Term	Reference #	Course ID	Course Title	Class Location: High School or College Campus

**School Counselor's Name (please print)** \_\_\_\_\_

**School Counselor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TCC Dual Enrollment Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_