



6200 College Avenue
Snyder, TX 79549

Dual Credit Office Use

DUAL CREDIT DROP FORM

Student Name: _____ Student ID: _____

Date of Birth: _____ High School: _____

Email Address: _____

Reason for drop: _____ Term: _____

Course #	Course Title	Instructor

Visit <https://www.wtc.edu/> for deadlines associated with dropping classes.

Student Signature

Date

Parent Signature

Date

School Official Signature

Date

Email the completed form to dualcredit@wtc.edu for processing. If you have any questions, please contact us at dualcredit@wtc.edu or 325-574-7632.