



Dual Enrollment

Dual Enrollment Withdrawal or Resignation Request

Students who wish to drop one or all classes must complete and submit this form. This form must be submitted with the required signatures.

Student Name: _____ LSUE ID or SSN: _____

Request to withdraw or resign from the following dual enrollment coursework:

COURSEWORK TITLE AND NUMBER	SECTION NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

Signatures below indicate approval of the requested action of withdrawal or resignation.

STUDENT SIGNATURE DATE

SCHOOL OFFICIAL SIGNATURE TITLE DATE

Requests should be **faxed to 337-550-1393**, **emailed to de@lsue.edu**, or delivered to the Director of Continuing Education in the Community Education Building, Room #101. A follow-up call to (337) 550-1390 or e-mail to de@lsue.edu is recommended to confirm receipt.

Keep a copy of this request. Three to four days after submitting this request, students should log on to **my.lsue** to verify that the requested withdrawal or resignation was executed.

For questions about the instructions, e-mail de@lsue.edu or call (337) 550-1390.