



BLUEGRASS
COMMUNITY
& TECHNICAL **COLLEGE**

Dual Credit Student - Course Withdrawal Request

Name _____
First Middle Last

Student ID _____ Date of Birth _____

I would like to withdraw from the Bluegrass Community & Technical College course listed below:

<u>Course Number</u>	<u>Course Title</u>	<u>Location of Course</u>	<u>Instructor</u>
_____	_____	_____	_____

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

****if applicable – see academic calendar for deadline to drop without instructor permission***

Withdrawal deadlines are listed on the BCTC Academic Calendar. Submit this form to: Bluegrass.dualcredit@kctcs.edu

****Students are responsible for letting their high school guidance counselor know if a course has been dropped***
