



255 M-55 · TAWAS CITY, MICHIGAN 48763 · (989) 984-2100 · FAX (989) 984-2106

DROP FORM for Dual Enrollment/Early Middle College

Check which applicable:

Semester 1 (Fall)
 Semester 2 (Winter)

College/Institution Name: _____

Student Name: _____ Current Grade: _____

Couse # & Section	Course Name	Credits	Instructor Name	Online/Remote/In-Person
ENG-111-2375	EXAMPLE COLLEGE CLASS NAME	3	Sally Smith	Online

Parent Signature/ Date

Student Signature/Date

I hereby certify that the above student is eligible and approved to DROP above listed course(s) listed above in accordance with the current Michigan Dual Enrollment/Early Middle College enrollment legislation:

Counselor Signature

Principal Signature

NOTES: