

Louisiana Tech University
Enrollment Management
P.O. Box 3146
Ruston, LA 71272

DUAL ENROLLMENT STUDENT WITHDRAWAL FORM
Please Print

High School: _____

Student Name: _____

Date: _____

Student is withdrawing from all courses: Yes No

If "No" --- List the courses from which the student should be withdrawn:

Reason for request: (i.e. student transferring to another high school,
student illness, etc.)

High School Teacher or Counselor Name: _____

High School Teacher or Counselor Signature:

FAX FORM TO:
318-257-2908