



EARLY ENTRY DROP / WITHDRAWAL REQUEST

Please Complete The Information Below

Student Name: _____

Student EMPLID Number: _____

Student Date of Birth: _____

Name of High School: _____

Semester: _____ Year: _____

Course: _____

Instructor: _____

Course: _____

Instructor: _____

- I wish to drop the course(s) listed above
- I wish to withdraw from all my Early Entry courses

Date: _____

Student Signature: _____

Please have your instructor mail this form to: Dickinson State University
291 Campus Drive - CB 169
Dickinson, North Dakota 58601

Or ~ Fax your form to: Academic Records (701-483-2409)