



## High School Counselor Dual Enrollment Course Withdrawal Form

\_\_\_\_\_ is enrolled in the course/s listed below at Coppin State University during the \_\_\_\_\_ semester. I certify, by my signature below, that I have discussed the impact of this withdrawal on the student's graduation requirement, and that the high school will provide alternatives to support the student's graduation requirements. I am authorizing withdrawal from the course/s listed below.

1.
2.

I hereby certify that I understand the impact of this withdrawal on the requirements for high school graduation.

Signature of Student:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that as a counselor at the student's high school of record, I approve for the above-named students to withdraw from the Coppin State University courses/s in which they are registered.

Signature of School Counselor:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The completed form can be emailed, faxed, or mailed to Coppin State University - Dual Enrollment Program Coordinator or email at [dualenrollment@coppin.edu](mailto:dualenrollment@coppin.edu) or faxed to (410) 523-7351, or mailed to

**Coppin State University  
Dual Enrollment Program  
2500 West North Avenue  
Baltimore, Maryland 212216**