

Dual Credit Withdrawal 2018-2019



PLEASE COMPLETE FORM ELECTRONICALLY
PRINT FORM TO SIGN

Date: _____

Last Name

First Name

Middle Name

Georgian College Student Number

College Course Name & Course Code

Campus/Location

Student Signature

CRN (Office Use Only)

If you used Dual Credit transportation, please indicate your specific pick-up location below.

Important Note: Withdrawals are accepted before the start of the third dual credit class. Withdrawals are not accepted after that date. Marks achieved to that point will be reflected on college transcripts.

Dual Credit Withdrawal Survey

Why have you decided to leave the Dual Credit program? (Please check all that apply)

Level of difficulty

Scheduling of the class

Workload

Not what I expected

Personal

Other: _____

Did you speak with your DC Teacher about your concerns?

Yes No

Did you speak with your college Faculty Member about your concerns?

Yes No

Did someone try to resolve your concerns to help you stay in the course?

Yes No

Would you consider another Dual Credit under different circumstances?

Yes No

What could have been done to help you stay in the course?

