



## Dual Credit/Concurrent Enrollment COMPLETE WITHDRAWAL FORM

THIS FORM MUST ONLY BE USED BY HIGH SCHOOL  
STUDENTS WHO WANT TO WITHDRAW FROM ALL THEIR  
CLASSES.

Student: \_\_\_\_\_ LCC ID#: \_\_\_\_\_ or SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Semester: Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_ High School: \_\_\_\_\_

Last Day of Attendance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Are you receiving VA Benefits? ☐ Yes ☐ No

Reason for Withdrawal: ☐ Failing Course(s) ☐ Financial ☐ Dissatisfied w/Instruction ☐ Moving  
☐ Dissatisfied w/Program ☐ Transportation ☐ Work/School Conflict ☐ Other: \_\_\_\_\_

The following signatures are required on this form before it can be processed:

_____	_____	_____	_____
Date	Student	Date	Parent / Guardian
_____	_____	_____	_____
Date	High School Counselor / Principal	Date	Dual-Credit / Concurrent Enrollment Office
_____	_____	<input type="checkbox"/> Late Add	<input type="checkbox"/> Late Withdrawal
_____	Business Office		

### Office of the Registrar Use Only:

Posted to CARS by: \_\_\_\_\_ Date: \_\_\_\_\_

To add/drop a course please use/submit the **ADD/DROP Form**.

### Complete Withdrawal Service Policy

- This form must be received by the Registrar's Office by established deadlines, as published in the current Schedule of Classes or current Academic Calendar.
- Once this form is processed, you must immediately contact the LCC Fiscal Office at 800.588.7232 or **505.454.2506** to inquire about your tuition and fee balance with the college.
- Keep in mind, as a result of completely withdrawing from LCC, you are responsible for any unpaid obligations to the college.
- Email form to: [DCCE@luna.edu](mailto:DCCE@luna.edu) (Dual Credit/Concurrent Enrollment) or mail: Luna Community College, Dual Credit Office, 366 Luna Drive, Las Vegas, NM 87701. If you have questions call the Dual Credit Office at **(505) 454-5308**.

In the event questions arise during the processing of this form, please provide a daytime telephone number and email address where you may be contacted.

Daytime Telephone #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Email address: \_\_\_\_\_