

Missouri Baptist UNIVERSITY



EARLY COLLEGE PARTNERSHIPS

Course Drop Form

TODAY'S DATE: _____

Student ID#: _____
(on billing statement)

NAME: _____ PHONE#: _____
(last, first, middle)

High School: _____ Semester/Year: _____

Drop the following:

MBU Course #	MBU Course Title	Instructor	Credit Hours

By signing this form you are acknowledging that you will not receive credit for listed courses. Courses dropped after the census date will not be refunded. See calendar at www.mobap/ecp.

Student Signature Date

MBU ECP Office Signature

Parent/Guardian Signature Date

Effective Date

High School MBU ECP
Coordinator Date