



High School Connections Drop Form
Authorization to Drop High School Connections Classes

Student's Name _____ **Phone #** _____ **MSUB ID #** _____

High School _____

List the course(s) you wish to drop – Please list the MSUB Subject, Course, Title and Number				
CRN	Subj	Course #	Title	Last Date of Attendance

Student's Signature _____ **Date** _____

High School Counselor/Teacher Signature _____ **Date** _____

Please note that after the 15th day of classes of the college semester, a "W" grade will be issued for the course and will be recorded on the MSU Billings transcript.

****NOTE:** If you are dropping a class that also has a lab, PLEASE be sure to indicate if you wish to drop one, or both.

Return completed form to:
 Sydney Donaldson – Director of Dual Enrollment
 Fax: 406-247-3014
 Email: sydney.donaldson@msubillings.edu
 Address: 3803 Central Avenue, Billings MT 59102