



# Online Dual Enrollment – School Roster

Fall \_\_\_ Spring\_\_\_ Semester 20\_\_\_

Date Completed/Updated: \_\_\_\_\_

(Please type. Thank you.)

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Course Advisor/Contact:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student Names	Course Title	Course Number

(Please enter any additional students on the back of this form.)

**DROP/ADD POLICY:** Course advisor agrees to inform Landmark College online director at [online@landmark.edu](mailto:online@landmark.edu) as soon as a student drops or withdraws from a course or from applying for a course. Please refer to the Memorandum of Understanding for late withdrawal fees that may apply.

