

DUAL ENROLLMENT/EARLY ADMISSION COURSE WITHDRAWAL FORM

| Office Use Only: B: | |
|------------------------|--|
| Admit Year: | |
| Received by: | |
| Received Date: | |
| Student ID Verified: | |
| | |

Please complete the form in its entirety. Signatures can be typed electronically or signed, and the form scanned or saved as a file. Upload the completed form to your document dropbox and submit to the Advising office.

| Student ID #: B_ | Las | t Name: | First Nan | ne: | Term: |
|------------------|---|--------------|----------------|---------------------|------------|
| CRN | Course Identifier: Letters, Numbers, Section | Course Title | Reason Code | Date Class Began | Instructor |
| | | | | | |
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| | | | | | |
| lf new address, | | | | | |
| check box. 🗆 Add | dress: | | | | Phone: |
| | Please Type or Print Street | City | State | Zip | |

DUAL ENROLLMENT AND EARLY ADMISSION STUDENTS: Withdrawing from a course may affect your high school graduation. Prior to withdrawing from a course, you must first discuss the educational impact of this action with your high school counselor and obtain your counselor's signature. Signature of parent or legal guardian is also required.

SIGNATURE (REQUIRED) OF

| PERSON SUBMITTING THIS | FORM: | | | |
|---------------------------------------|-------------------------------------|---|---------------------------------------|-----------|
| | Print or Type Name | Signature | | Date |
| IAME OF HIGH SCHOOL: _ | | | | |
| OUNSELOR SIGNATURE: _ | | | | |
| | Print or Type Name | Signature | | Date |
| ly signature above verifies | that I have discussed with this stu | dent the impact of the course withdrawal on | his/her educational program. | |
| | | | | |
| ARENT/LEGAL GUARDIAN | SIGNATURE: | | | |
| | Print or Type Name | Signature | | Date |
| SC ADVISOR: | | | | |
| Print or Type Name | | Signature | D | ate |
| Withdrawal Codes: | | Comments: | | |
| | | | | |
| Student Reason Codes: | Administrative Reason Codes: | | | |
| WA: Academic Reason | W4: Administrative Withdrawal | Withdrawal from: | _ Approval to remain in co-requisite: | |
| WP: Personal Reason | W5: Appeal | (Course#) | | (Course#) |
| | | Co-requisite Instructor Signature: | | |
| | 1 | 1 | | |
| OFFICE USE ONLY: SFAREGS Processed By | | y: | Date Processed: | |