

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
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:	