

(Will not be processed without a signature)

## Dual Enrollment Request for Course Withdrawal

Permission to withdraw from course during automatic "W" period. Partial withdrawal from classes will result in no refund.

Email to dualenrollment@jeffersonstate.edu

Student #	Today's Date		FOR OFFICE USE ONLY		
		Received:	Processed:		
			Initial:		
Print Full Name					
	Last	First	st Middle		
Subject	Section	Course (5	digit CRN) Gra	ade	
			V	V	
Initial the following stat	ements:				
			I must sit out one academic sem ment program at Jefferson State	· ·	
I understand that	I will receive no college or hi	gh school credit for th	e course listed above.		
	withdrawing from the course		will receive a grade of "W" for t	the course	
I understand that	withdrawing from the course	e listed above may aff	ect my future financial aid eligib	ility status.	
Student Signature					
(Will not be processed without a s	signature)				
HIGH SCHOOL COUNSEL	OR SECTION:				
	dent how withdrawing from tent is withdrawing from the co	·	is/her high school graduation re	quirements	
Counselor Signature					

## ALL INFORMATION ON FORM MUST BE COMPLETE TO BE PROCESSED

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.