



**Dual Enrollment
Request for Course Withdrawal (WP)**

Email to dualenrollment@jeffersonstate.edu

Student #	Date of Birth
A	

FOR OFFICE USE ONLY			
Received:		Processed:	
		Date:	

Print Full Name: _____ Phone: _____

SUBJECT	COURSE (5-digit CRN)	Grade	Instructor Signature
		WP	

Student initial the following statements:

_____ I understand that withdrawal from a dual enrollment course means I must sit out one academic semester (not to include summer). After that, I will be required to reapply to the dual enrollment program at Jefferson State.

_____ I understand that I will receive no college or high school credit for the course listed above.

_____ I understand that withdrawing from the course listed above means I will receive a grade of "WP" for the course and **THAT GRADE WILL REMAIN ON MY PERMANENT COLLEGE TRANSCRIPT FOREVER.**

_____ I understand that withdrawing from the course listed above may affect my future financial aid eligibility status.

Student Signature

Date

HIGH SCHOOL COUNSELOR SECTION:

I have informed this student how withdrawing from this class will impact his/her high school graduation requirements and am aware this student is withdrawing from the course listed above.

Counselor Signature

ALL INFORMATION ON FORM MUST BE COMPLETE TO BE PROCESSED

FORM WILL NOT BE PROCESSED WITHOUT STUDENT'S AND INSTRUCTOR'S SIGNATURES. Date of withdrawal will be the date the completed form is received by Enrollment Services. Forms must be received before published date of the beginning of finals for the term.