



# High School Dual Enrollment Program

## Course Withdrawal Form

All areas must be completed legibly!

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

TCC Student ID Number: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_  
Last First Middle

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ (mo/yr)

Semester (circle one): Fall Spring Summer \_\_\_\_\_ (year)

Withdrawal applies to Permission to Register or Course Adjustment form dated: \_\_\_\_\_  
(enter date of original Permission to Register or Course Adjustment form)

### PLEASE WITHDRAW STUDENT FROM THE FOLLOWING COURSE(S):

Reference #	Course ID	Course Title	Class Location
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC

\*withdrawn course(s) count as an attempt; please see Academic Calendar for last day to withdraw course(s)

Reason for withdrawal: \_\_\_\_\_

School Counselor Name (please print): \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Acknowledgement:

*I understand that a withdrawn course counts as an attempt and will remain a part of my permanent college record. I also understand that a withdrawn course will not affect my college grade point average but will negatively affect my course completion rate.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_