



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*withdrawn course(s) count as an attempt; please see Academic Calendar for last day to withdraw course(s)

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I understand that a withdrawn course counts as an attempt and will remain a part of my permanent college record. I also understand that a withdrawn course will not impact my college grade point average but will negatively impact my course completion rate.

Student Signature: _____ Date: _____