PALM BEACH STATE COLLEGE DUAL ENROLLMENT WITHDRAWAL FORM



Caution: Completing and submitting this form indicates that I acknowledge and understand the following:

- **a.** I have exhausted all resources available to me at the college (professor's office hours, FREE tutoring through the Student Learning Center (SLC), conversation with my parents and guidance counselor at school, etc.)
- **b.** All grades, including a "W" for withdrawal, become a part of my permanent high school and college records.
- c. Upon approval, I also understand I will **no longer be eligible for the Dual Enrollment program** at Palm Beach State College. Should I have an exceptional circumstance, I am able to appeal for reinstatement into the program after one semester through my high school.
- d. This form must be submitted by the term withdrawal deadline: www.pbsc.edu/academiccalendar

Instructions: Complete this form in its entirety and submit it with any supporting documentation to the Dual Enrollment Office at dualenrollment@palmbeachstate.edu or the Admissions & Registration office at either of our campus locations.

Part I: Student Information			
Last Name	First Name	PBSC Student ID	
Part II: Requested Course(s) for Withdrawal: List	the courses a withdrawal is being requested	d below.	
Course ID and Course Reference Number (ENC1101-20)	Professor's Name (G. Romero)	Last Day of Attendance (08/15/1933)	
Part III: Justification for Withdrawal (REQUIRED)			
	nt describing the circumstances which led to umber, and submit appropriate documenta		
Part IV: Student, Parent & School Counselor Ackr	nowledgement		
My signature below indicates I understand all grapermanent high school and college records, and I admissions requirements, and qualifications for fi Scholarship. Upon approval, I also understand I w	am aware that students <i>may</i> find difficulty inancial aid/scholarships, including the Flor	y in meeting future college ida Bright Futures	

Student Name	Student Signature	Date (MM/DD/YYYY)
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date (MM/DD/YYYY)
Name of School Counselor	School Counselor Signature	Date (MM/DD/YYYY)

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one semester through my high school.