STUDENT REQUEST FOR WITHDRAWAL

NAME _____ **SFSC ID** _____ **DATE OF BIRTH** _____

DATE _____ **FALL** ☐ **SPRING** ☐ **SUMMER** ☐

REGULAR STUDENTS NOTICE	DUAL ENROLLED STUDENTS NOTICE
The College recognizes there are many reasons influencing your decision to withdraw from a course this term. Be aware that a withdrawal may affect your: • SFSC standards of academic progress • Financial aid awards or other benefits you are receiving or expect to receive • Eligibility to graduate if you have submitted a graduation application for the current term • You will not receive a refund for the courses from which you are requesting a withdrawal. Your signature indicates that you understand you cannot withdraw (1) from a third or fourth attempt, (2) if you will become less than full time as an International student, (3) if you are an athlete and have not received advising from your coach	The College recognizes there are many reasons influencing your decision to withdraw from a course this term. Be aware that a withdrawal may affect your: • High school grades and/or schedule • High school graduation status • SFSC standards of academic progress • Eligibility to continue participation in the dual enrollment program; amd • Financial aid awards or other benefits you may expect to receive in the future Your college transcript will reflect a grade of "***W***". You must discuss how this withdrawal affects your high school grade point average with your high school counselor. Dual enrolled students who earn a grade of ***"W"*** will be suspended for one full academic term. Dual enrolled students are allowed only two attempts at any one course while in high school.
Prior to submitting this form: • Meet with an academic advisor • If you receive Financial Aid or Veteran's benefits Advise the Financial Aid office or Veterans Affairs office • Inform your instructor of your withdraw (Initial here) ☐ I have met with the Financial Aid Office and understand the implications of withdrawing from the class(es) on this request	Prior to submitting this form: • Discuss your desire to withdraw with your professor; he/she may have ideas about how to improve your grades • Meet with your SFSC dual enrollment academic advisor to discuss the consequences of withdrawal • Meet with your high school guidance counselor to discuss consequences of withdrawal with your high school counselor and receive his/her permission below

Explain in detail your reason(s) for withdrawal [Please Print]: _____

Complete this form with an Advisor/Counselor by the published withdrawal deadlines listed in the College Academic Calendar on our website

Course Subject & Number	Course Reference Number (CRN)	Last Date of Attendance	# of Attempt(s)

Student Signature _____ Date _____

I certify that the above withdrawal is in accordance with SFSC academic policies, and this student is eligible to withdraw.

STUDENTS: PRINT FORM FOR THE SIGNATURES BELOW

SFSC Advisor/Counselor Signature _____ Date _____

Financial Aid/Veteran Affairs Signature _____ Date _____

Instructor(s) Signature _____ Date _____

Your Advisor/Counselor will inform you if instructor(s), Financial Aid (FA), and/or Veterans Affairs signatures will be required

High School Counselor Name: _____

Phone _____ Email _____ High School _____

Guidance Counselor Signature _____ Date _____

SFSC is committed to equal access/equal opportunity in its programs, activities, and employment. After completed return this form to the Welcome Center in building B.

Rev: 07.27.26