Pinellas County School Dual Enrollment Withdrawal Request Form

Name:		Date:		
High School:		Counselor:		
PCS ID#				
SPC ID#:				
Course to	withdraw from:			
Prefix:	Course Number:	Class Number:		
Course Title	e:			
Course is cu	urrently scheduled at:			
Hig	ch School SPC Campus			
Reason for	Withdrawal:			
Parent and the form.	student to initial next to each stateme	nt to acknowledge your understanding and sign the botto	m of	
Parent Stud	lent			
	I understand that this withdrawal and high school transcript.	I understand that this withdrawal will result in a grade of "W" on my permanent college and high school transcript.		
		could result in other college repercussions, such as sial aid standing once I graduate high school.		
	I understand as a high school student I will not be eligible to take a dual enrollment course at SPC for a full academic year.			
	at SPC campus and Rentals to an S	for this course must be returned to the *ECP classroom SPC Campus bookstore and I must reimburse PCS for ovided such as access codes and digital textbooks. High School campus.		
-	fully reviewed this information and be ially understand.	en given an opportunity to ask questions to clarify anyt	hing I	
Student Signature:		Date:		
Parent Signature:		Date:		

Counselor: Scan requests submitted after Q1 or Q3, to Advanced Studies Specialist for permission to withdraw student. Prior to Q1 or Q3: please scan completed form to include signatures, to respective SPC team to withdraw on the SPC side and copy Sr DMT in Advanced Studies to withdraw from SPC course on PCS side who will then advise of any textbook obligations; retain copy for your record should student request DE course within the next year. Please adjust students schedule to ensure he/she has a full schedule of classes.