**PCC Course Withdrawal Form**

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| **Student Information** | |
| **Name** | Click or tap here to enter text. |
| **College ID #** | Click or tap here to enter text. |
| **Semester & Year** | Click or tap here to enter text. |
| **Program of Study** | Click or tap here to enter text. |
| **Academic Advisor** | Click or tap here to enter text. |

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| **Course Name & Section** | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Last Date of Attendance (Faculty Only):**  **List the last date of attendance for each course listed above *that you teach*.** |

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| **Signatures** | | | |
| **Student signature:** |  | **Date** |  |
| **Advisor/Instructor signature:** |  | **Date** |  |

**Note to advisor:** Make one copy of the original. Keep it for your files and submit the original to Student Services.

**Student Course Withdrawal Request: For Student Use Only**

**Follow the procedures listed below in situations when you wish to withdraw from a course or multiple courses, by means other than an in-person appointment with your academic advisor (email, phone call/message, etc.).**

Before submitting this request to your academic advisor and starting the course withdrawal process, **you are advised to make an appointment with Student Services Financial Aid personnel** to discuss how this course withdrawal may or may not affect your financial aid opportunities in the future.Once you have spoken with PCC Financial Aid personnel, if you still wish to move forward with the course withdrawal process, complete the steps below.

* **List all courses you wish to withdraw from on the front page of this form (Course Name & Section area).**
* **Read the Acknowledgment Statement listed below and type in your signature if you agree with the statement.**
* **Submit the request form to your academic advisor.**

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| **Acknowledgment Statement** | | | |
| I have requested that my academic advisor to withdraw me from the courses listed on the front of this document. I understand that withdrawing from courses alters my graduation timeline. I have been advised to speak with financial aid personnel about how this decision may or may not affect my financial aid status. By signing this document, I acknowledge that I understand all that I have read in this document. | | | |
| **Signature:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |

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| **Notes/Comments** |