POLK STATE
Student Services

999 Avenue H Northeast
Winter Haven, Florida 33881-4299
863.297.1000

STUDENT REQUEST FOR WITHDRAWAL

NAME_____**POLK ID**_____ **TERM**_____**YEAR**_____
LAST **FIRST** **MI**

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: • standards of academic progress; • financial aid awards or other benefits you are receiving or expect to receive; • Polk State standards of academic progress; and • 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 attempt, (2) if you become less than full time as an International student, (3) if you are an athlete and have not received advising from your coach, and (4) if you are under discipline for academic dishonesty in your class.	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; • Polk State standards of academic progress; • eligibility to continue participation in the dual enrollment program; and • 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 are allowed only two attempts at any one course while in high school.
Prior to submitting this form: • Inform your instructor of your withdrawal. • Meet with an academic advisor. • Those on financial assistance or veteran's benefits must advise the Financial Aid Office and/or Veteran's Affairs office. • _____ (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 a Polk State academic advisor to discuss the consequences of withdrawing from the class. • Discuss the 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 with an Advisor no later than the published withdrawal deadline of the class(es).

_____ **Course Number**	_____ **Reference Number**	_____ **Last Date of Attendance**	_____ **# of Attempt(s)****
_____ **Course Number**	_____ **Reference Number**	_____ **Last Date of Attendance**	_____ **# of Attempt(s)****
_____ **Course Number**	_____ **Reference Number**	_____ **Last Date of Attendance**	_____ **# of Attempt(s)****

Student Signature_____ Date _____

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

Advisor Signature_____ Date_____

FOR DUAL ENROLLED STUDENTS ONLY: Signature indicates student is informed of consequences to high school grade.
High School Counselor: (***Note: FLVS counselor will email this completed form to deregistration@polk.edu.***

Phone_____ Email_____ High School_____

Guidance Counselor Signature_____ Date_____

Polk State College is committed to equal access/equal opportunity in its programs, activities, and employment. For additional information, visit polk.edu/equity.

Registrar's Office received on:

Posted by:

Rev 11/01/2023