

999 Avenue H Northeast Winter Haven, Florida 33881-4299

Phone: (863) 297-1000 Fax: (863) 297-1023

STUDENT REQUEST FOR WITHDRAWAL

NAME			POLK ID	TERM	YEAR
LAST	FIRST	MI			
DECIII AD STUDENTS	NOTICE		DUAL ENDOLLED STU	DENTS NOTICE	
receive; Polk State standar eligibility to grade for the current ter You will not receive a refur withdrawal. Your signature (1) from a third attempt, (2) student, (3) if you are an atl coach, and (4) if you are un Prior to submitting this forr Inform your instrue Meet with an acac Those on financia Financial Aid Off	re are many reasons influents term. Be aware that a with emic progress; ds or other benefits you are reds of academic progress; an uate if you have submitted a m. and for the courses from which indicates that you understate if you become less than further and have not received der discipline for academic m: actor of your withdrawal. Hemic advisor. I assistance or veteran's before and/or Veteran's Affair.	drawal may affect your: receiving or expect to a graduation application ch you are requesting a and you cannot withdraw Il time as an International advising from your dishonesty in your class.	high school grades high school graduated Polk State standard eligibility to continue financial aid awards future. Your college transcript will withdrawal affects your high counselor. Dual enrolled stuctourse while in high school. Prior to submitting this form Discuss your desire ideas about how to Meet with a Polk Standard withdrawing from to the polk Standard Polk Stand	e are many reasons infiterm. Be aware that a and/or schedule; ion status; s of academic progress are participation in the os or other benefits you reflect a grade of W. Yn school grade point avidents are allowed only to withdraw with your improve your grades. ate academic advisor the class.	withdrawal may affect your: ;; dual enrollment program; and may expect to receive in the You must discuss how this perage with your high school of two attempts at any one r professor; he/she may have no discuss the consequences of
 (Initial here.) I have met with the Financial Aid Office and understand the implications of withdrawing from the class(es) on 			 Discuss the consequences of withdrawal with your high school counselor and receive his/her permission below. 		
Course Number		e published withdray	Last Date of Attenda		of Attempt(s)**
Course Number		eference Number	Last Date of Attenda	ance #	of Attempt(s)**
Course Number		eference Number	Last Date of Attend	ance #	# of Attempt(s)**
Student Signature			Date		
I certify that the above	ve withdrawal is in acco	ordance with Polk State	e College academic polici	es, and this student	is eligible to withdraw.
Advisor Signature			Date		
			ates student is informe ted form to <u>dualenrollmen</u>		s to high school grade.
Phone	Email		High School		
Guidance Counselor Si	gnature_			Date	
					ormation, visit polk.edu/equity.
Original Copy – Registrar		Registrar's Office recei	ved on:		
Yellow copy – Advisor Pink Copy – Student		Posted by:			Rev05/05/2016