



**DUAL ENROLLMENT/EARLY ADMISSION
WITHDRAWAL REQUEST**

File No. (OFFICE USE ONLY)

Date: _____

Year Term: _____

U.S. SOCIAL SECURITY NUMBER or PBCC STUDENT ID: _____ -- _____ -- _____

NAME _____
Last First Middle Suffix

CHECK ONE:

I AM WITHDRAWING FROM COLLEGE (all courses this term)

Last day of attendance: ____/____/____

I AM WITHDRAWING FROM THE FOLLOWING COURSE (S)

COURSE NO.	COURSE TITLE

Important: Withdrawing from one or all Dual Enrollment courses may affect future college admission and Financial Aid.

Reason for withdrawing: _____

The following signatures are required before a withdrawal can be processed by Palm Beach Community College.

Student Signature

Parent Signature

High School Name

Signature of High School Dual Enrollment Counselor

Date