

ST. JOHNS RIVER STATE COLLEGE – STUDENT INITIATED COURSE WITHDRAWAL FORM

SJR State Student ID # X00 Date _____ Term _____

Student's Name _____
(Print) Last First Middle

Course Prefix & Number Section # (CRN) Course Title Instructor

HS DE Contact Initials Student's Signature High School

RETURN THE COMPLETED FORM TO THE RECORDS OFFICE (VIA DUAL ENROLLMENT OFFICE)

RO by _____ Date _____ DP by _____ Date _____

(Note: Science lecture and lab requires two withdrawal forms. Complete one for each section.)

Reason:
