



STUDENT INITIATED COURSE WITHDRAWAL FORM

SJR State Student ID (Required) # X00 _____

Date _____ Term _____

Student's Name _____
(Print) Last First Middle

Student's SJR State Email Address (Required) _____

Please list all courses below that you would like to be withdrawn from:

Course Prefix & Number	Section # (CRN)	Course Title
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***You will need to withdraw from both the science lecture and lab, please be sure to include both sections above. ***

HS DE Contact Signature	Student's Signature	High School
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Dual Enrollment

Collegiate High School

Early Admissions