



**CONCURRENT ENROLLMENT
PITT COUNTY SCHOOLS AND PITT COMMUNITY COLLEGE
OFFICAL WITHDRAWAL**

This form must be completed for a high school student to officially withdraw from a Pitt Community College class or classes in which he/she is concurrently enrolled.

Name of Student _____

Age (must be 16 or older) _____ DOB _____

High School _____ Semester of Enrollment FA SP SU 20____

Course Prefix and Number	Section Number	Is this a 16-week course? (Please circle one.)	
		YES	NO
		YES	NO
		YES	NO
		YES	NO

Did you accomplish your goal(s) for attending Pitt Community College?
(Please circle one.)

1. Yes, completely
2. Yes, partially
3. No

REASON FOR WITHDRAWAL (Please circle one.)

- | | |
|---------------------------------|-------------------------------|
| 1. Employment | 6. Course too difficult |
| 2. Illness (personal or family) | 7. Course not what expected |
| 3. Transportation | 8. Transfer to another school |
| 4. Relocation | 9. Personal |
| 5. Course load too heavy | 10. Other _____ |



By signing this official withdrawal form, I acknowledge that if the student withdraws after the first five days of the semester, the student will receive a final grade of "0" on his/her high school transcript for this course(s) and a final grade of "OW" on his/her Pitt Community College transcript. I further understand that after the first five days of the semester, the high school will not place the student in a Pitt County Schools class to replace the PCC course.

Student Signature

Parent/Guardian Signature

Signature of School Counselor

Approval (signature) of Principal