



Request for Course Withdrawal

*Permission to withdraw from course during automatic "W" period.
Partial withdrawal from classes will result in no refund.*

Fax Request to 205-856-8091 or email to records@jeffersonstate.edu

Student #
[]

Today's Date
[]

FOR OFFICE USE ONLY			
Received:	[]	Processed:	[]
		Initial:	[]

Print Full Name:

Last

First

Middle

Subject	Section	Course (5 digit CRN)	Grade
[]	[]	[]	W

Signature _____

(Will not be processed without a signature)

ALL INFORMATION ON FORM MUST BE COMPLETE TO BE PROCESSED

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.

