



REQUEST TO WITHDRAW FROM WORKFORCE EDUCATION COURSE

Student's Name: _____ (PLEASE PRINT)

Student Number: _____ Today's Date: _____ (Skip if unknown)

Course Name: _____ Date of Class: _____

Check Applicable Boxes:

_____ Refund Request: This form must be received 10 business days prior to the first day of class or 5 business days from date class is postponed by JSCC

_____ Student Substitution Request. Substitution's Name: _____ This form must be received prior to or on the course's original date. All academic testing and other course requirements must be met by the substitute prior to the first day of class.

_____ Course Transfer Request due to an exigent circumstance. (Director approval required) New Course _____ Date: _____ A student may transfer once to the same class, on the same campus, within six months of the start-date of the original registration. If the student fails to attend the class he/she transfers to, he/she forfeits the full course registration fee. If the class is cancelled for any reason including, but not limited to, insufficient enrollment, the transferring student forfeits the full course registration fee.

_____ Student Signature _____ Date

*NOTE: Date of withdrawal will be the date this completed form is received by The Center for Workforce Education.

FOR OFFICE USE ONLY:

Received by: _____ Date: _____ Refund Requested by: _____ No Refund Due: _____ Substitution Processed by: _____ Course Transfer Processed by: _____

EMAIL COMPLETED FORM TO: workforcedev@jeffersonstate.edu

See the Full Policy at: www.jeffersonstate.edu/fasttrack