

**COLLEGE CREDIT PLUS (CCP) / CREDIT-IN-ESCROW (CIE)
COURSE WITHDRAWAL FORM**

Print clearly using blue or black ink

NAME - Last ↓	First ↓	Student Number

Academic Year: _____ **Term:** Fall Spring Summer **Date of Withdrawal:** _____

I am withdrawing from my course(s) for the following reason(s):

<input type="checkbox"/> Academic Overload	<input type="checkbox"/> Schedule Conflict	<input type="checkbox"/> Availability of Transportation
<input type="checkbox"/> Medical Reasons	<input type="checkbox"/> Difficulty with Format (Web)	<input type="checkbox"/> Reevaluating Educational Goals
<input type="checkbox"/> Course Not Needed	<input type="checkbox"/> Difficulty Level of Course	<input type="checkbox"/> Other: _____

COURSE INFORMATION (This information is available in MyCampus under Student Center)

COURSE		LECTURE		LAB		COURSE START DATE	CREDIT HOURS
SUBJECT	NUMBER	Section	Class Nbr	Section	Class Nbr		
EX: BIOG	121	AE11	1765	AL11	1766		4
TOTAL ⇒							

By withdrawing from my course(s), I understand and agree to the following:

- This course will appear with a grade of 'W' on both my permanent college and high school transcript
- I will not receive any college or high school credit for this course, regardless of the work completed to this date
- A grade of 'W' will not affect my college or high school GPA
- As permitted under state law, my high school may charge me according to my school district's policy to recover the tuition costs for this course.
- I have discussed this withdrawal decision with my high school guidance counselor and LCCC academic advisor and I am aware of the impact on my academic program goals and progress toward high school graduation
- I understand that withdrawing from two or more courses during the same academic term will result in my being placed on Academic Probation under the State of Ohio's legislation for the College Credit Plus program. If applicable, I have discussed the terms of Academic Probation with my high school guidance counselor and my LCCC Academic Advisor.

Student Legal Signature

Date

Parent/Guardian Signature

Date

High School Counselor/Authorized Official

Date

LCCC Academic Advisor

Date

LCCC Records Office Use Only

_____ Processed By	_____ Date
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