

Concurrent Enrollment Withdrawal Form

Alexandria Technical and Community College 1601 Jefferson Street Alexandria, MN 56308 pseo@alextech.edu 320-762-4545

Today's Date:	Fall Spring Year:
Student Name:	ATCC Student ID or Star ID:
Email Address:	
High School:	

Course Information

Cours	e T	itl	e:	

Instructor's Name:

□ Lack of Interest

□ Low Grades

□ Wasn't as Expected

Other: ______

I am withdrawing from the indicated concurrent enrollment course(s) which have not yet been graded. I have met with my high school instructor/high school counselor and/or ATCC Concurrent Enrollment Advisor and understand that a Withdraw course remains on my Alexandria Technical and Community College transcript with a grade of "W" and is calculated in the attempted credit calculation for satisfactory progress.

For more information on ATCC's Satisfactory Academic Progress Policy:<u>www.alextech.edu/satisfactory-academic-progress</u>

Student Signature:	Date
(required)	
Parent/Guardian Signature: (required if student is under age 18)	Date
High School Counselor Signature:	Date
(required)	

Please submit to pseo@alextech.edu to process Withdrawal Request