



CAREER & COLLEGE PROMISE
OFFICIAL WITHDRAWAL FORM
 Pitt County Schools

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 enrolled.

Name of Student _____ PCC ID _____

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

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

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

REASON FOR WITHDRAWAL (Please check one)

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



PITT COUNTY SCHOOLS NOTE:

By signing this official withdrawal form, I acknowledge that if a student **officially withdraws**, following PCC deadlines, they are required to notify their high school counselor. I also acknowledge that if a student **does not withdraw** following PCC deadlines, the student may receive a final grade of "0" on their high school transcript for this course(s). I further understand that after the first five days of the high school semester, the high school will not place the student in a high school class to replace the PCC course.

Student Signature

Parent/Guardian Signature

Signature of School Counselor

Approval (signature) of Principal

Signature of High Schools Programs Office-PCC

Fax to PCC High School Programs Office
 No cover sheet required
 252-321-4646