I, __________________________ (Print Name), ________________ (Student ID #), request to have my certification of enrollment reduced because I plan on withdrawing from the following course(s) reducing my enrollment to ____ hours for the ______________________ semester. I will contact the Veterans Information Center if any other changes occur to my enrollment status for the term specified above. Below is a list of the course(s) that I plan on withdrawing from at this time.

_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________
_________________________  __________________________

Please attach a copy of your official withdrawal form

Student Signature ____________________________          Date___________

Office Use Only

Enrollment changed date __________          Initials___________

It is the official policy of J.F. Drake State Community and Technical College that no person shall be denied employment, excluded from partaking in, be denied the benefits of, or subjected to discrimination in any program activity, or employment on the basis of gender, race, color, disability, religion, national origin, age, or ethnic group.