

Please Note: STUDENTS WITHDRAWING AFTER THE NINTH WEEK OF THE TERM are required to complete this form. Students wishing to submit withdrawal forms during finals week will be required to appeal to the Academic Standards Committee. Appeal forms available in Counseling Center and/or Registration Office.

DO NOT MAIL this form
 ALL transactions must be completed in person at the Registration Counter.

 Last Name, First Name

 SSN / Student ID Number

Disclosure Statement: "Providing your social security number is voluntary. If you provide it, the college will use your social security number for record-keeping purposes. If you choose not to provide your social security number, you will not be denied any rights as a student." See the catalog or class schedule for further information on college use of social security numbers.

Do you have: **High School Diploma** " YES " NO
 GED Certificate " YES " NO

CLASSES WITHDRAWN				Quarter _____	Year _____
Seq. No.	Name of Class	Course No.	* Instructor's Comments/Signature	Date Signed	

Document below and ATTACH PROOF OF THE EXTENUATING CIRCUMSTANCES which prevented you from withdrawing by the deadline listed in college publications:

(Continue Explanation On Back of Form if Needed)

Is this a Complete Withdrawal from all coursework? " Yes " No IF YES, give last date of attendance _____

 (Advisor's Signature -New students & complete withdrawals)

 (Financial Aid Signature -Required if receiving funding)

 (Registrar's Signature -Req when withdrawing after ninth week)

 (Student's Signature) Date

* An Instructor signature indicates this form has been seen, not necessarily approval of request.