



# COLLEGE OF MOUNT SAINT VINCENT

## COURSE WITHDRAWAL FORM

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Class: \_\_\_\_\_ Date: \_\_\_\_\_

W (Withdrawal Before Deadlines)

Term:  Fall |  Winter |  Spring |  Summer

DEPARTMENT	COURSE #	SECTION	TITLE	CREDITS	CRN #

*Instructor must complete the following information:*

Last Date of Attendance: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Student must obtain signatures from the following offices if the number of semester credits drops *below* 12 credits as a result of this withdrawal.**

<b>Department of Athletics and Recreation</b> Sharp Center	
<b>International Student Services</b> Library, Second Floor	
<b>Office of Financial Aid</b> Founders Hall, Room 223	
<b>Residence Life</b> Alumnae Student Center Pavilion	
<b>Dean of the Undergraduate College</b> Founders Hall, Room 208	

*Once completed, please submit this form to the Registrar's Office, Founders Hall, Room 223.*