



COLLEGE OF MOUNT SAINT VINCENT

COURSE WITHDRAWAL FORM

DATE: _____

Student ID: _____

Class _____

Student's Name: _____

W (WITHDRAWAL BEFORE DEADLINES)

TERM: FALL _____ WINTER _____ SPRING _____ SUMMER _____

Table with 6 columns: 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.

Athletic Compliance Officer: _____

International Studies: _____ Founders Hall 421

Financial Aid: _____ Founders Hall - Room 223

Residence Life: _____ Founders Hall - Room 114

Dean of the College _____