



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.

Office of Athletics \_\_\_\_\_

International Studies \_\_\_\_\_
Founders Hall 421

Financial Aid
Founders Hall
Room 223 \_\_\_\_\_

Residence Life \_\_\_\_\_
Founders Hall - Room 114

Dean of the Undergraduate College \_\_\_\_\_

Library 205