

574 New London Turnpike
 Norwich CT 06360-6598
 Phone 860-215-9064
 Fax 860-215-9919

WITHDRAW FORM

Withdrawal from class(es) does not automatically relieve you from your financial obligations to the College. All students, including but not limited to those on financial aid, installment plans, or third-party arrangements may be subject to financial penalties for [reducing their course load](#). No longer attending class(es) without official notification does not guarantee a grade of "W". Specific deadline dates are posted in the academic calendar and are strictly enforced. No tuition or fee refunds will be granted for a withdrawn course.

Student ID Number @ _____	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____ (year)
Last Name _____	First Name _____ M. I. _____
Address _____	City _____ State _____ Zip _____
Date of Birth _____	Primary Phone Number _____

- List below the course(s) from which you want to withdraw
- Select the number that best describes your reason(s) for withdrawing from each course and place in the reason box

CRN	Subject	Course	Section	Course Title	Credit	Reason #(see below)

- | | | |
|---------------------------------|-------------------------------------|--------------------------|
| 1 New job or work hours changed | 5 Quality of instruction | 9 Transportation |
| 2 Medical | 6 Course is too difficult | 10 Moving out of area |
| 3 Childcare | 7 Prefer classroom to online course | 11 Called to active duty |
| 4 Family | 8 Financial | 12 Other (explain below) |

- | | |
|---|--|
| • Are you receiving Financial Aid for this semester? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Have you spoken with a Financial Aid representative? | <input type="checkbox"/> Yes <input type="checkbox"/> No (strongly recommended) |
| • Are you currently receiving VA benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No (contact the VA representative) |
| • Have you spoken with your instructor before deciding to withdraw? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Student Signature _____ Date _____

By my signature above I acknowledge and understand the college course withdrawal policies, my responsibility of reviewing course progress with my instructor before withdrawing, withdrawals cannot be retracted and authorize the processing of my request.

REGISTRAR SECTION ONLY

Processed by _____ Date _____ Total Credits Remaining _____

White copy-Registrar Pink copy-VA Yellow copy-Student