

Downtown Campus  
 20 Church Street  
 New Haven, CT 06510  
 Phone: 203-285-2020  
 Fax: 203-285-2018



## WITHDRAWAL

STUDENT ID#: @ \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (Please print clearly) First M.I. Last (Other names used—if applicable)

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 HOME WORK CELL

SEMESTER: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

*A student who wishes to withdraw from individual courses(s) may do so up to the tenth week of class. After the tenth week, and prior to one week before the last day of classes, withdrawals are permitted only with the signature of the instructor.  
 (All decisions may be subject to the appeal process as stipulated in the Student Grievance Procedure in the Student Handbook.)  
 A student may withdraw from the College (all courses) at any time during the semester.*

CRN	SUBJECT	CREDITS	<u>SIGNATURE REQUIRED AFTER 10<sup>TH</sup> WEEK</u>	
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>
_____	_____	_____	_____ <i>Instructor</i>	_____ <i>Date</i>

**REASON FOR WITHDRAWAL:**

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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. Please check with the Payments Office for billing questions or the Financial Aid Office for award questions before you withdraw.

CHANGE:

\_\_\_\_\_  
 STUDENT DATE

FROM: \_\_\_ CREDITS

TO: \_\_\_ CREDITS

**OFFICE USE ONLY**

_____ RECORDS OFFICE	_____ DATE	CODING _____ DC/DH/WD/DD/PW
_____ DEAN OF ADMINISTRATION	_____ DATE	REFUND _____ APPROVAL DC/DH/DD/PW