



WITHDRAWAL FORM

Office of the Registrar • Park Place East, Winsted, CT 06098
(860)738-6314 Phone • (860) 738-6413 Fax

**Signed form must be delivered to the Registrar's Office by 4:30 pm on the deadline date.
No forms will be accepted after the deadline.
Failure to submit this form by the deadline may result in a grade of "F" for the course.**

Student ID @ _____ OR Social Security No. ____/____/____ Phone Number _____

Name _____
Last First Maiden/Middle Name

Mailing Address _____
Number and street City, state, zip

- Please Check One:**
- Withdrawal from ALL Courses (COUNSELOR'S or PROGRAM ADVISOR'S SIGNATURE REQUIRED BELOW)
 - Withdrawal from ONLY those courses listed below (EACH COURSE INSTRUCTOR'S SIGNATURE REQUIRED)

FINANCIAL AID and/or VETERAN'S BENEFITS may be affected by your withdrawal. Make an appointment with Financial Aid Director or the Veterans Counselor **PRIOR** to submitting this form.

Financial Aid Recipient: Yes
 No

Veterans' Benefits Recipient: Yes
 No

REASON FOR WITHDRAWAL

- Course not required for major [01]
- Medical reasons [04]
- Personal reasons [09]
- Work conflict [12]
- Prefer different class/instructor [16]
- Financial reasons [02]
- Moving away [06]
- Online class issues [10]
- Course won't transfer [13]
- Other (please specify) [05]
- Going to different school [03]
- Not doing well in class(es) [08]
- Time issues (too many classes) [11]
- Transportation issues [14]

Reason: _____

CRN	Course Number	Course Title	Signature of Instructor (Required for Individual Course Withdrawals)

ALL DEBTS are the responsibility of the student and must be paid immediately.

Student Signature _____ Date _____

Counselor/Program Advisor Signature _____ Date _____
(Required for withdrawal from ALL Courses)

For Office Use Only:

Initials: _____ Date Received: _____