

Withdrawing from Courses

Attention!!! Have you had a conversation with your professor **BEFORE** you withdraw NO • YES This form is to be used to withdraw from one or more courses the day after the refund schedule ends- click • for refund schedule if you are viewing this online • *Click here for Withdrawal Dates* if you are viewing this online This form should be scanned and emailed to registrar@ccm.edu • Please Print: Name CCM ID Withdrawing from one or more of your classes may affect your financial aid and/or your enrollment status (ie: full time, part time, etc.). Please check with the Financial Aid Office before withdrawing! Are you receiving Financial Aid (grants, scholarships, loans)? Yes (if yes, signature is needed below) No Financial Aid Counselor _____ Are you an athlete? Are you a veteran? Yes No Yes No Please indicate (below) the appropriate semester/mini term for the course you are withdrawing from: Semester: (check one) Fall Spring Summer Winter YEAR _____ # of Course # Section # Reason **Course Title Records & Registration** See Below English Composition I Use Only ENG 111 12345 Weeks Why are you withdrawing? Choose one reason per course and indicate in the Reason Code column. **DISC** - Dissatisfied with Course **EMP** - Employment FIN - Financial MED - Medical **MIL** - Military PER - Personal Are you withdrawing from all of your classes this term? Yes No Student Signature Date If this form was not emailed, completed/signed form must be turned in to Records and Registration (SCC 220) for processing!

Processed by Rec and Reg _____ Date Processed _____