

WITHDRAWAL FORM

Main Campus Sumter Student Records Office Bldg 200 Room 2210

Student ID Nu	mber:								
Name:						Phone:			
Address:	City:	City:		::	Zip:				
Check one if a									
	A Student		Military Tuition	on Assist.		VA Student		Transient Student	
withdraws If instructe Student fi High S All otl Student m REASON FOR	neets with or enal. or approves the lls out the top position of the students: Finay also drop the with DRAWAL: nic Difficulty	e withdra portion, s (Dual-I mancial ne form of	awal, complethen forward Enrolled): Du Aid Office at off in person Select ONE f	ete the Course ds the form a lal Enrollmen finaid@ccte , as long as a from below on	se With and the nt Tear ech.edu all appr	ndrawn informatio e email communic n at dualenrollme	on below ation w nt@ccto		
· ·			,		, , , , , , , , , , , , , , , , , , ,			Other	
CRN#	SUBJECT (ART 101)	5	ECTION # (D20)	HOURS	LAS	T DATE ATTENDED		NSTRUCTOR SIGNATURE	
My signature					terms	s □ No □ If yes, on the reverse sid	le.	nd session:Chair Signature and Date	
	only: Signature	of Fina	ncial Aid/VA	Counselor a	nd Dat	e:			
	, ,								
						ossible debt due to complete withdrawal. Yes No Description Notes Description Notes			
2) Current Semester Pass Rate			Prior Pass Rate		Pass Rate after W/		w/D	D Pass Rate Percentage	
,				1		/			
pas	sed attempte		passed	_/_ attempted	- d	•	mpted	(<u>%</u>) Transfer Credits:	

FA Notes: