
GENERAL WITHDRAWAL REQUEST

Student Name: _____ Student ID#: _____

Date withdrawal becomes effective: _____

Reason for withdrawal: _____

If this is not sufficient space, please attach a separate page.

If you are departing while the semester is in progress, list all courses in which you are currently enrolled, and indicate your last date of attendance for each one:

<u>Course #</u>	<u>Title</u>	<u>Last Date Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Signatures *(students may submit emails from CMC officials in lieu of physical signatures)*

Student: _____ Date: _____

Student Accounts: _____ Date: _____

Financial Aid: _____ Date: _____

For students who receive any grants, loans, or scholarships

Dean of Students: _____ Date: _____

International Student Advisor (I-Place): _____ Date: _____

For students attending CMC on a visa

Registrar: _____ Date: _____

Notes/Comments: _____

Return the completed form to the CMC Office of the Registrar.