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:

<table>
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<tr>
<th>Course #</th>
<th>Title</th>
<th>Last Date Attended</th>
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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.