

This form is to assist students who find it necessary to leave CMCC before program requirements are completed. Students must complete this form and return it to the Registrar's Office to assure all responsibilities to the College have been fulfilled and the appropriate adjustments are made to the student bill.

To Be Completed By Student

Student Name (*print legibly*): _____

Student ID: _____ Birthdate (mm/dd/yyyy): _____

Permanent Address: _____
Street & Number City State Zip

Reason for Withdrawal:

- Received job offer/internship
- Personal reasons
- Could not get into the desired major
- Academic resources/classes did not meet my needs
- Military
- Transferring to (please specify) _____
- Moving
- Other: _____

Recommended Consultation (*please check those you have advised (notified) of your withdrawal*):

Financial Aid _____ Resident Director (Housing student only) _____

Advisor _____ Veterans Certification Officer (Veterans only) _____

Student Signature: _____ **Date:** _____

To Be Completed By Registrar

Comments: _____

Date of Official Withdrawal (mm/dd/yyyy): _____

Signature of Registrar: _____

Copy to Library _____ Copy to Business Office _____

Dropped All Coursework _____ Grades Given _____

De-matriculated Student _____ File Pulled _____