

COURSE WITHDRAWAL



MCUTS
@LBC

Today's Date: _____ Student Name: _____

Term: ___ Fall ___ Spring ___ Summer Session: ___ 1 ___ 2 ___ 3

Course Name	Last Date of Attendance

Reason for Withdrawal:

(Mark one of the below options and explain on the line below.)

- No Special Reason
- Full-Time Military Service
- Health Related Situation
- Job Relocated / Transferred
- Family Emergency
- Transferred to a different Program
- Death
- Incarceration
- Other: _____

Explanation: _____

Student's Signature

Interviewer's Signature *(if necessary)*

Who completed this form if not the student? _____

Why? _____