



278 WHITES BRIDGE ROAD, STANDISH, MAINE 04084
REGISTRAR'S OFFICE (207)-893-7798

COURSE WITHDRAWAL FORM

NAME OF STUDENT: _____

STUDENT ID: _____

MAJOR: _____ MINOR: _____

CLASS TO DROP: _____

REASONS: _____ COURSE LEVEL BEYOND BACKGROUND

_____ OTHER (EXPLAIN) _____

IMPORTANT NOTE: DROPPING COURSES MAY HAVE NEGATIVE IMPLICATIONS FROM A FINANCIAL AID AND/OR STUDENT-ATHLETE ELIGIBILITY STANDPOINT. STUDENT-ATHLETES ARE STRONGLY ENCOURAGED TO MEET WITH *BILL COSENTINO* (207-893-7659), WCOSENTINO@SJCME.EDU BEFORE DROPPING ANY CLASSES.

STUDENT SIGNATURE

DATE: _____

APPROVAL/ADVISOR

DATE: _____

APPROVAL OF INSTRUCTOR OF CLASS DROPPED

DATE: _____

AC _____

JT _____

DATE: _____