



DROP / WITHDRAWAL FORM

TRCC is committed to helping you achieve your academic goals; however, we realize that sometimes circumstances may occur that prevent you from successfully completing your coursework as planned.

Date _____

Student Name _____ Grad Year: _____

TRCC Student ID Number @ _____

High School _____

CRN	COURSE SUBJ & NUMBER <i>(Ex: MAT*K137, BIO*K115)</i>	COURSE TITLE	TEACHER NAME
REASON FOR DROP / WITHDRAW			

Student Signature: _____ Date: _____
I acknowledge and understand the college course withdrawal policies and authorize the processing of my request.

Parent or Guidance Counselor Signature: _____ Date: _____

Mail to: College Career Pathways, Three Rivers Community College, 574 New London Turnpike, Norwich, CT 06360 or Fax: 860/215-9914

COLLEGE CAREER PATHWAYS SECTION ONLY

Processed By: _____ Date: _____