

*Completed forms must be received by the Office of Enrollment Services (either in person or emailed) by close of business on the deadline date. Refer to the CT State [academic calendar](#) for important, term specific dates. No forms will be accepted after the deadline.*

### Student Information:

Student ID: @\_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

### Please check one:

Withdrawal from ALL courses.

Withdrawal from ONLY those courses listed below.

CRN	Course Number	Course Title	Campus

### Reason for Withdrawal (Check All that Apply)

- ☐ Academic reasons
- ☐ Course not required for major
- ☐ Course won't transfer
- ☐ Financial reasons
- ☐ Medical reasons
- ☐ Military activation
- ☐ Mis-Advisement
- ☐ Moving away
- ☐ Online course issues
- ☐ Personal reasons
- ☐ Prefer Not to Answer
- ☐ Time issues (too many classes)
- ☐ Transferring to another college
- ☐ Transportation issues
- ☐ Work Conflict
- ☐ Other (please specify): \_\_\_\_\_

### Financial Aid Recipient

Yes

No

### Veterans' Benefits Recipient

Yes

No

*Please note: your financial aid and/or Veterans' benefits may be impacted by your withdrawal. Please make an appointment with your Financial Aid Specialist or Veterans Certifying Official prior to submitting this form. You are also encouraged to speak with your course instructor(s) where appropriate.*

### Student Certification:

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Reviewed with:

*This form must be signed by one of the following: course instructor(s), faculty advisor, or Guided Pathways Advisor. A signature does not indicate approval; only that a conversation has taken place with the student.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only:

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_