

IDENTIFICATION NUMBER

LAST NAME	FIRST NAME	M.I.
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SEMESTER
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YEAR
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W I T H D R A W A L	COURSE	COURSE CODE	CREDITS	INSTRUCTOR
	TOTAL			

WHITE      REGISTRATION COPY  
 YELLOW    STUDENT COPY  
 PINK       DEPARTMENT COPY

# COURSE WITHDRAWAL

**THE GRADUATE SCHOOL AND UNIVERSITY CENTER  
 OF THE CITY UNIVERSITY OF NEW YORK  
 365 FIFTH AVENUE, NEW YORK, NY 10016**

Federal guidelines require that you report the last date you attended classes.

F.O.M.I.	DISCIPLINE	CLASS CODE

REASON FOR WITHDRAWAL \_\_\_\_\_

\_\_\_\_\_

EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_