

WITHDRAW/DROP FORM

Please fill out, sign and submit this completed form to the front office if you wish to DROP or WITHDRAW from a course. If more than 25% of the course sessions have passed, you will receive a grade of W (Withdrawn) for this course. For clinical training credits, you will receive a grade of W (Withdrawn) if this form is received after Enrollment Confirmation Date.

Student

Legal First Name	Legal Middle Initial	Legal Last Name
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Date _____ Term and year (example: Winter 2000) _____

Course Number _____ Course Name _____

Student signature (REQUIRED)

Office Use Only:

Date/time/payment/initial _____

Please route in this order:

Midwifery Student Lactation Consultant Student

____REG ____FIN ____LRC ____FAO ____LPC ____MPC ____SPC ____File

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