

1)

2)

3)

4)

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## CENTRAL ALABAMA COMMUNITY COLLEGE Withdrawal

|   |                              | Withdra                 | awal  |                              |                  |
|---|------------------------------|-------------------------|---|------------------------------|------------------|
|   | N                            | $\Box$ Partial          | Complete  | 9                            |                  |
| Student ID #:   |                              |                         |   |                              | mester:          |
|   | □ First Time Freshman        | □ Returning Student     | □ Transient   | □ Dual Enrollment            |                  |
| Course Number   | Section Number               |                         | Course Name   |                              | Credit Hours     |
|   |                              |                         |   |                              |                  |
|   |                              |                         |   |                              |                  |
|   |                              |                         |   |                              |                  |
|   |                              |                         |   |                              |                  |
|   |                              |                         |   |                              |                  |
|   |                              |                         |   |                              |                  |
| NOTE: Students wh   | no withdraw from a course    | will receive a grade of | "W" provided this for   | orm is completed and ret     | urned to Student |
|   | t day to withdraw from a cl  |                         |   |                              |                  |
| official drop/add pe  | <u>riod.</u>                 |                         |   |                              |                  |
| If vou receive any ai   | id listed below, please chec | k the corresponding be  | ox(s):  |                              |                  |
|   | ] Pell Grant [] Scholars     |                         |   | nolarship*                   |                  |
| Reason(s) for with  | ndrawal·                     |                         |   |                              |                  |
| Decide to attend another college  |                              |                         | Unhappy with my   |                              |                  |
| Health-related problem (personal or family)   |                              |                         | _ Courses were too  |                              |                  |
| Moving to a new   |                              |                         | _ Courses were not of Dispetiefied with a   |                              |                  |
| <ul> <li>Transportation difficulties</li> <li>Child care not available or too costly</li> </ul> |                              |                         | <ul> <li>Dissatisfied with academic advising</li> <li>Dissatisfied with quality of instruction</li> </ul> |                              |                  |
| Family responsi   |                              |                         | Class scheduling p  |                              |                  |
| Accepted a full-  |                              |                         | Impersonal faculty  |                              |                  |
| Unable to obtain  |                              |                         |   | ailable for assistance       |                  |
| Encountered un  | expected expenses            | -                       | _ Conflict between v  | work, class schedules and    | l demands        |
| Oo you plan to retur  | n to CACC in the future?     | _Yes _No                |   |                              |                  |
| have read and I un  | derstand the above stateme   | nt and I wish to withd  | raw from the course(s   | s) listed above. I understa  | and that someone |
|   | the offices listed below ma  |                         |   |                              |                  |
| By typing and or sig  | ning your name in the space  | e below authorizes the  | e withdrawal from the   | e class or classes listed at | oove.            |
| Student signature:  |                              |                         | ]   | Date:                        |                  |
| Student Services Re   | presentative:                |                         |   |                              |                  |
| *Coach:   |                              |                         |   |                              |                  |
| Library:  |                              |                         |   |                              |                  |
| Financial Aid Office  | 2:                           |                         |   |                              |                  |
| Cashier:  |                              |                         |   |                              |                  |
|   |                              | Email form to: stude    | nt_services@cacc.ed   | lu                           |                  |

| For Office Use Only |       |
|---------------------|-------|
| Processed By:       |       |
| Copy to Student:    | Date: |