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 If more than 25% of the course sessions have passed, you will receive a grade of W (Withdrawn) for this course. For clinical training credits, you will receive a grade of W (Withdrawn) if this form is received after Enrollment Confirmation Date.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

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 _____TECH _____LRC _____FAO _____LPC _____MPC _____SPC _____File

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