



# Registrar's Office Course Withdrawal Appeal with Instructor Approval

This form is to be used after 80 percent of the semester is completed. Please complete this form, sign, date, and return it to the Registrar's Office in SSC L157. Students can also return the form by email to [GenInfoRegistrar@mcc.commnet.edu](mailto:GenInfoRegistrar@mcc.commnet.edu); by mail to MCC Registrar's Office, Great Path, M.S. #12, P.O. Box 1046, Manchester, CT, 06045-1046; or by fax 860-512-3221. This form must be received by the Registrar's Office with instructor's signature, by the last day of classes.

## STUDENT INFORMATION

First Name		MI	Last Name	
Banner ID Number	Are you receiving veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				
City			State	Zip
Home Phone Number	Cell Phone Number		Work Phone Number	
<b>I request permission to withdraw from the following course:</b>				
		Semester	Year	
CRN #	Subject/Course #	Course Title		Credits

## REQUIRED BY STUDENT

**COURSE WITHDRAWAL POLICY:** This form must be approved and signed by the instructor, then returned by the student to the Registrar's office by the last day of classes. If the withdrawal is approved, a "W" will be recorded on the student's transcript. If a student stops attending and fails to withdraw officially from a course, a grade of "F" may be recorded on the student's transcript. In all cases of withdrawal, a "W" does not affect the student's grade point average.

**WITHDRAWAL FROM THE COLLEGE:** A student who withdraws from the college must complete a withdrawal form, available from the Registrar's office. Failure to officially withdraw in writing from the college may result in failing grades for uncompleted courses and might result in probation or suspension status. *(See online college catalog for more information)*

Reasons for Withdrawal
------------------------

Please sign and date to authorize withdrawal from course.

Student Signature	Date
-------------------	------

## REQUIRED BY INSTRUCTOR

Instructor Name	Remarks
-----------------	---------

By signing this document, I approve withdrawal from this course.

Instructor Signature	Date
----------------------	------

# FOR REGISTRAR OFFICE USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_