



STUDENT WITHDRAWAL FROM COURSE

Student Name: _____ Campus: _____

Term: _____ CRN: _____ LOLA ID: _____

Date of Withdrawal: _____ Last Date of Attendance: _____

Are you receiving any type of financial aid?

No Yes Type of aid? _____

Please provide reason(s) for withdrawal:

- Academic Difficulty
- Attendance
- Did not pass Pre-Req. Course
- Medical (Documents Attached)
- Schedule Change
- Personal
- Lack of Child Care
- Transportation
- Employment

Student Signature Date

Instructor Signature Date

Student Services Signature Date

Vice Chancellor of Finance Date

Registrar Date