



Documented Late Course Withdrawal Form

The instructor must submit this form to the Registrar's Office by the last day of the part-of-term in which the course meets.

Today's Date -- C# C_____

STUDENT INFORMATION

Name _____

Phone _____ Cell _____

College Email Address _____

COURSE INFORMATION

Course Name _____ Course Number _____

CRN _____ Semester/Year _____ Instructor _____

REASON FOR WITHDRAWAL (Please check applicable circumstance)

- Death in the immediate family
- Serious Illness of student or immediate family member
- Work related
- Other (please explain) _____

DOCUMENTATION TYPE (Please check applicable documentation type)

____ **Official:** Medical Employer Family

____ **Non-official:** Student Statement

Student Signature _____ Date _____

Approved by Faculty Yes No

Instructor's Name _____

Instructor's Signature _____ Date _____