

Application for College Withdrawal

Student name: _____

ID number: _____ Term: _____

If you plan to withdraw from the college after receiving counseling from the Office of Academic Advising please indicate your reason(s) for withdrawal (check all that apply) and provide a short explanation below:

<input type="checkbox"/> Academic issues	<input type="checkbox"/> Personal issues
<input type="checkbox"/> Financial issues	<input type="checkbox"/> Social adjustment issues
<input type="checkbox"/> Major/career issues	<input type="checkbox"/> Other:

Please explain your situation and why you want/need to withdraw:

Withdrawal from the college may have implications for time to graduation, athletic eligibility, and financial commitments, therefore students are encouraged to meet with the Office of Financial Aid and Athletics, if applicable. If you decide to proceed withdrawing from CCSJ, **please sign below and return this form to the Office of Academic Advising within one week of initiation.**

I understand that I must return all textbooks to the library within 7 days of withdrawing. Failure to do so will result in a fee.

Student signature: _____ Date: _____

Academic Advisor signature: _____ Date: _____

OFFICE USE ONLY

Advisor date of determination: _____

Recorded on: _____

Student schedule: _____

Empower updates: _____

Instructor(s) notified: _____

Student Services offices notified: _____