



Columbia College

### Course Withdrawal Petition

**This form is NOT to be used for withdrawing from all courses**

Name \_\_\_\_\_ Columbia College ID No. \_\_\_\_\_

Email \_\_\_\_\_ Phone No. \_\_\_\_\_

Course Prefix, No. & Section	Instructor's Signature	Date	For Office Use

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Life Office Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Resident students only)

Director of Athletics \_\_\_\_\_ Date \_\_\_\_\_  
(Student Athletes only)

Reason for Withdrawing \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROMPTLY RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR**

2<sup>nd</sup> floor of the Allison Administrative building

**FOR OFFICE USE ONLY**

Provost's Approval \_\_\_\_\_ Date: \_\_\_\_\_