



MERCER COUNTY COMMUNITY COLLEGE
Students Records Office Withdrawal Form

Date _____

Semester _____

Social Security # _____ - _____ - _____

Name _____
Last First MI

Policy:

Withdrawal from any course section must be done officially through the Student Records Office. No refund will be made unless the student has filed a withdrawal form with the Student Records Office within the specified refund period. Withdrawals after 67% of the period of instruction will receive an NC or F grade as appropriate.

Possible Implications:

Too many withdrawals can lead to the student being placed on academic warning probation, or dismissal. For some students, withdrawing can affect financial aid awards and insurance eligibility. In some cases money may be owed to Financial Aid. Numerous withdrawals on transcripts may also be viewed negatively when evaluating transfer students. Whenever possible, the student should meet with the instructor to discuss all alternatives to withdrawing from the course.

Table with 6 columns: Course #, Reference #, Course Title, Credits, Reason [Fill in No. from below], Grade. Contains 6 rows of blank lines for data entry.

Are you withdrawing from all your course: Check one: ___ Yes (1) ___ No (2)

Signature* (Instructor, advisor, counselor, department chairperson)

*Signature does not imply endorsement

- Reason for Withdrawal:
1. Unable to attend often enough (because of job, transportation, or other reason)
2. Changed program and no longer need course
3. Incorrectly chose course (don't have prerequisite course, not required for my program, etc.)
4. Course not what I expected or wanted
5. Too heavy a course load/not enough time to study
6. Advised incorrectly to take the course
7. Dissatisfied with instruction
8. Personal or family illness
9. Other (specify) _____

Are you a veteran? : ___ Yes ___ No

Are you receiving financial aid? : ___ Yes ___ No

Are you an F-1 foreign student? : ___ Yes ___ No

Student Signature _____ Date _____

Students — Please Do Not Write Below This Line

Refund Due _____ Enrollment Services _____ Date _____

Comments: