



# TERREVE COLLEGE WITHDRAWAL FORM

SEMESTER: \_\_\_\_\_

Associate of Arts  Bachelor of Arts  Certificate Course  High School Diploma

Student's Name: \_\_\_\_\_

Major(s): \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Work Phone

/ \_\_\_\_\_

Cell Phone

/ \_\_\_\_\_

Home Phone

/ \_\_\_\_\_

Alternative Phone

E-Mail(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

COURSE NUMBER	COURSE DESCRIPTION	CREDITS

**REASON AND EXPLANATION OF YOUR WITHDRAWAL:**

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*I have reviewed and read thoroughly and am in agreement with the above.*

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_