QUINSIGAMOND COMMUNITY COLLEGE
670 WEST BOYLSTON STREET
WORCESTER, MA 01606-2092
OFFICE OF THE REGISTRAR

COURSE WITHDRAWAL FORM

Today's Date: /   /

Student I.D. Number

Last Name   First Name   M.I.

Fall Semester   *Spring Semester*   *Summer One*   *Summer Two*   *Intersession*

Student's Signature: _____

A student may withdraw without penalty through the 10th (Tenth) week (or equivalent) of class. Thereafter, if a student withdraws from a course, the instructor may award a "W" if work is passing or an "F" if work is not of passing quality. Students withdrawing from the College are included under this regulation.

COURSE NUMBER   CREDITS

INSTRUCTOR'S SIGNATURE REQUIRED AFTER THE TENTH WEEK OF CLASS. PRIOR TO THE TENTH WEEK INSTRUCTOR OR ADVISOR SIGNATURE REQUIRED.

_____
INSTRUCTOR OR ADVISOR SIGNATURE

INSTRUCTOR (please check one grade):   **W**   **F**

Please Note: Withdrawing from one or more courses can impact course sequencing, pre-requisites, financial aid, and/or family medical insurance.

REASON FOR WITHDRAWAL:

PERSONAL:

____ Childcare problems   (CH)   ____ Lack of transportation   (TR)
____ Health (personal)   (HE)   ____ Moving   (MO)
____ Health (family)   (HF)   ____ Work Schedule Conflict   (WK)
____ Military Service   (MS)   ____ Not ready for college   (NR)
____ Foreign or Government Service (FG)   ____ Church/Missionary   (CM)

FINANCIAL:

____ Insufficient financial aid   (FA)   ____ Ineligible for financial aid   (IF)
____ Change in financial situation (CF)

EDUCATIONAL:

____ Overwhelmed by studies   (ED)   ____ Courses did not meet goal   (GO)
____ Transferred to 2 yr institution (T2)   ____ Other (explain): _____
____ Transferred to 4 yr institution (T4)   _____

WHITE: Registrar's Office   YELLOW: Instructor's Copy   Copy to Student