

**CRAVEN COMMUNITY COLLEGE**

- Please Check if you are a TRiO participant.
- Please check if you are receiving Veteran Affairs (VA) educational benefits.

**NOTE:** Student must initiate this form and obtain signatures. Student must present the form to the Advising Center/Counseling Staff for completion.  
**PLEASE RETAIN STUDENT COPY FOR YOUR RECORDS.**

**ADD**     **WITHDRAWAL**

(LAST)		(FIRST)		(MIDDLE)	STUDENT ID	DATE
ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE NO.
CURRICULUM				SEMESTER		YEAR
				<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
						20 _____
PLEASE LIST COURSE INFORMATION AND INSTRUCTOR'S NAME. IF YOU RECEIVE FINANCIAL AID OR VETERANS' BENEFITS, YOU MUST OBTAIN A FINANCIAL AID OFFICER SIGNATURE.						
COURSE PREFIX	NO.	SECT.	TITLE	SEM. HOURS	INSTRUCTOR	LAST DATE ATTENDED
COURSE PREFIX	NO.	SECT.	TITLE	SEM. HOURS		
<b>REASON FOR WITHDRAWAL:</b>						
SIGNATURE OF STUDENT			SIGNATURE OF FINANCIAL AID OFFICER		CREDIT HOURS	
					BEFORE CHANGE	AFTER CHANGE
SIGNATURE OF ADVISING CENTER STAFF/COUNSELOR					OFFICIAL WITHDRAWAL DATE	
<b>COMMENTS:</b>						

WITHDRAWAL

ADD

OFFICE USE ONLY