



Registrar's Office

450 North Avenue • Battle Creek, MI 49017-3397
(269) 965-4129 • kellogg.edu/registrar

COURSE WITHDRAWAL

REASON FOR WITHDRAWAL

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Military |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transfer | |

INSTRUCTIONS

1. You are encouraged to speak with your instructor prior to withdrawal.
2. Print firmly with a ballpoint pen.
3. Return the form to the Records and Registration office, Eastern Academic, Fehsenfeld, Grahl, or RMTC office.
4. Add your reason for withdrawal.

DATE _____

NAME _____	KCC ID or SOCIAL SECURITY NUMBER _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Middle Initial </div>	

CHECK (✓) SESSION, ENTER YEAR FALL 20 ____ SPRING 20 ____ SUMMER 20 ____

SUBJECT AREA	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	CREDIT HOURS

STUDENT SIGNATURE

_____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

BY (CLERK) _____