



**MARIST COLLEGE
OFFICE OF THE REGISTRAR
COURSE WITHDRAWAL FORM**



***DO NOT use this form, if you are withdrawing from all of your classes.
Please go to the Center for Advising and Academic Services in DN 224.***

SEMESTER _____

STUDENT NAME _____ CWID # _____

LOCAL ADDRESS _____ PHONE # _____

You are financially responsible for the course(s) below.

<i><u>COURSE CRN #</u></i>	<i><u>COMPLETE COURSE NUMBER</u></i>	<i><u>NAME OF INSTRUCTOR</u></i>	<i><u>ADVISOR SIGNATURE REQUIRED</u></i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TAP RECIPIENTS: You should be aware that W/WF **MAY** jeopardize your TAP for the following semester.
Please check with the TAP Officer in the Registrar's Office.

STUDENT'S SIGNATURE _____ DATE _____

******* STUDENTS AND ADVISORS CAN VERIFY THE PROCESSING
OF THIS WITHDRAWAL AT ONLINE SERVICES ON THE WEB *******