CIBCS On-Campus Course Withdrawal Form

I wish to withdraw from the following class/classes.

[ ] Spring Semester 20____   [ ] Fall Semester 20____   [ ] Summer Mod 20____

CLASS TITLE: _____CODE: _____EFFECTIVE:_____

CLASS TITLE: _____CODE: _____EFFECTIVE:_____

CLASS TITLE: _____CODE: _____EFFECTIVE:_____

CLASS TITLE: _____CODE: _____EFFECTIVE:_____

STUDENT: _____
 PRINT YOUR NAME

STUDENT SIGNATURE: _____**DATE:**_____

 By affixing your signature you have officially withdrawn from the above stated class(es) and will receive no grade or academic credit.