

SOCIAL SECURITY NUMBER

LAST NAME	FIRST NAME	M.I.

SEMESTER

YEAR

WITHDRAWAL	COURSE	COURSE CODE	CREDITS	INSTRUCTOR
	TOTAL			

# COURSE WITHDRAWAL

THE GRADUATE SCHOOL AND UNIVERSITY CENTER  
 OF THE CITY UNIVERSITY OF NEW YORK  
 365 FIFTH AVENUE, NEW YORK, NY 10016

Federal guidelines require that you report the last date you attended classes.

F.O.M.I.	DISCIPLINE	CLASS CODE

REASON FOR WITHDRAWAL

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LAST DAY OF ATTENDANCE

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EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE

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DATE

STUDENT'S SIGNATURE

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DATE

Date: 5/3/2000  
 Operator: Carol  
 File: Course Withdrawal Form(w)