## **CENTRAL TEXAS COLLEGE Student Application for Withdrawal**

Student ID #			Date Received in Records Office		
				Date Processed / By Whom	
Student Name:					,
Last	First	N	<u>M.</u> I.		
Course:				Term: _	Year:
Synonym	Name	Number	Section		
"""""WA - Academic """""WW - Administrative """"""DW - Disability """"""SF - Sick/Care	WC – Decea	ased (Student) ch Mission	wrse Withdrawal Limit Poli WD – Discipline WS - Sick/Student WM – Joined Military WP – Peace Corps/ Foreign Ai	WE – Employment WX –Non Military Move DF – Deceased Family	WF – Financial WB – Textbooks WV – Voluntary ** WG – Good Cause **
Number of Absences	ve withdrawal for e	Date of Last Atte	es or TSI non-compliance (Circle ndance: Month Day		
Instructor or administrat  * XN applies to developm			3		
			awal policy as outlined in the withdrawals <u>require</u> the instru	<b>C</b> .	find it necessary to apply for
Student's Signature			* Instructor/Counselor S	ignature	Date
			OFFICE USE ONLY		
Student initiated with	lrawal prior to p	published dea	dline W Stu	ident initiated withdrawa	l after published deadline FN
nancial Aid Type: TA V A	A FA Other te) Campus Business O		ck One) Copy 2 (canary) Campus Records Office	PC Copy 3 (pink) Student	DateCopy 4 (goldenrod) Education Center