

**Asnuntuck Community College  
Registrar's Office  
Course Withdrawal Form**

Student ID : \_\_\_\_\_ Social Security #: (if student ID not given) \_\_\_\_\_

Name: \_\_\_\_\_

Daytime phone#: (\_\_\_\_) \_\_\_\_\_ Home phone#: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ would like to withdraw from the following course:  
Student name (please print)

**CRN Number**

**Course Title**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Withdrawal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Faculty's signature:** \_\_\_\_\_

Must have your faculty's signature, IF it is an online course an e-mail from the faculty will serve as the Signature. E-mail to: [mragno@acc.commnet.edu](mailto:mragno@acc.commnet.edu)

Are you receiving Veteran's Benefits? Yes \_\_\_ No \_\_\_

Are you receiving Financial Aid? Yes \_\_\_ No \_\_\_

If you are on Financial Aid or Veteran's benefits , please notify the Financial Aid office or the Veteran's coordinator Maria Ragno.

Please note that a grade of (W) will appear on your official transcript for the course you withdraw from.

**Student Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed form (**signed & dated**) must be submitted to the Registrar's Office in person, by mail or by fax (860-253-3016) ONLY. **This form will not be accepted through e-mail.**