

COURSE WITHDRAWAL FORM

Maria College, Registrar's Office, 700 New Scotland Avenue, Albany, NY 12208, Fax 518-730-9623

		STUDENT IN	IFORMATION		
ast Name:		First:		Middle:	
Birth date: / /	Student ID	Number:	Home Phone Numbe	er: Cell Phone Numbe	er:
-	c of classes. Si re considered	tudents who do I enrolled and th	not follow the official neir grades will be reco	ing of proper request form withdrawal process as speorded. <u>Please submit this</u>	-
		WITHDRAW F	ROM COURSES		
Course Number	Course Number Section Course Name		Name		
		REQUIRED	SIGNATURES		
Advisor's Approval				Date	
Business Office Approval				Date	
Financial Aid Office Approval				Date	
	nts may use Maste	erCard and Visa. Verif	ied financial aid will be credit	College and sent to the Business Of ted to student accounts after being any outstanding balance.	
	the course or lim	it your financial oblig	ation. It is your responsibility	attendance in a course does not co y to be aware of the tuition refund	
Student Approval				Date	