

Course Withdrawal



SOUTHWESTERN
COLLEGE
1885

Term: (Circle) **Fall Spring Summer Year:**

<i>Last:</i>		<i>First:</i>	<i>Student ID#</i>
Course #	Section	Course Name	Hrs

***Schedule changes may cause billing adjustments. Please see Student Accounts Office with questions.*

Student: _____

Date: _____

International students must also have approval from ISS director for schedule changes:

ISS Director: _____

Notes:

Rec'd by Reg. Office: _____

Processed by & Date: _____

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