CIPRIANI COLLEGE

OF LABOUR AND CO-OPERATIVE STUDIES

OFFICE OF THE REGISTRAR

WITHDRAWAL FORM

Please tick the appropriate box: Course Withdrawal ❑ Programme Withdrawal ❑

Campus: North ❑ South ❑ Tobago ❑

Name: _____
First *Middle* *Last*

Student ID Number : _____ Year of Entry: ____ / ____ / ____
Month *Day* *Year*

Address: _____

Telephone : Home : _____ Mobile: _____ Work: _____ (ext) _____

Name of Programme _____

Programme Level: Certificate ❑ Diploma ❑ Associate ❑ Bachelors ❑

Reason for Requested Withdrawal:

Use the table below for course withdrawals ONLY.

WITHDRAWAL	COURSE NAME	COURSE CODE	SECTION CODE

_____ _____ _____
Student Signature *Date* *College Staff Signature*

For Official Use Only

*Status of Request:*_____

Official Signature: _____ *Date:*_____

N.B.: ***Any withdrawal applied for after the 4th week of classes will result in an "F" grade being assigned to the student. Please attach supporting documents where necessary.***