# 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.***