



SAGINAW CHIPPEWA TRIBAL COLLEGE

Course Withdrawal Form

Note: Check Academic Calendar for Withdrawal date

Semester: _____
Year: _____

Student's Name: _____ Student No.: _____

Check if withdrawing from all classes

Course Number	Section	Course Name	Day / Time	Credits	Instructor's Name

Please check a reason for Withdrawal:

- | | |
|--|--|
| <input type="checkbox"/> Work Conflict | <input type="checkbox"/> Academic Difficulties |
| <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Elder or Child Care | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Other (please specify): | |
-
-

Student's Signature: _____ Date: _____

Signature of SCTC Administration: _____ Date: _____

Office Use:
