

WITHDRAWAL FORM

College Career Pathways Coordinator, 170 Elm Street, Enfield, CT 06082 (860) 253-3019 Fax: (860) 253-3063

Semeste	er Withd	rawing:	FALL 20 SPRING 20	
ACC Bar	ner ID #		DOB	High School
NAME:				
	Last		First	Middle/Maiden Name
Mailing	Address			
			Number. Street, City, State, Zip	
Email A	ddress _			Primary Phone
CRN	SUBJ.	CRSE.	TITLE	Instructor's Name
				I
Reason	for With	ıdrawal: _.		
Student	ts have i	until 11/		anscript for the course you withdraw from. I and 4/5/22 for full-year. Students will have
		am withdra ol graduati		sion could impact my financial aid if I apply to Asnuntuck
Student Signature				Date
H.S. Coordinator's Signature				Date
Completo	d form /sie	aned and d	lated) must be submitted to the College Career Pati	hways Coordinator in person, by mail or by fax (860) 253-3

Notice of Non-discrimination: Asnuntuck Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the basis of veteran status or criminal record. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Tim St. James, Interim Dean of Students/ Title IX Coordinator, tstjames@asnuntuck.edu (860) 253-3011 and Deborah Kosior, 504/ADA Coordinator, AS-DisabilityServices@asnuntuck.edu (860) 253-3005, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.

ONLY. This form will not be accepted through email.