



WITHDRAWAL FORM

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

Semester Withdrawing: FALL 20 ____ SPRING 20 ____

ACC Banner ID # _____ DOB _____ High School _____

NAME: _____
Last First Middle/Maiden Name

Mailing Address _____
Number, Street, City, State, Zip

Email Address _____ Primary Phone _____

CRN	SUBJ.	CRSE.	TITLE	Instructor's Name

Reason for Withdrawal: _____

Please note that a grade of (W) will appear on your official transcript for the course you withdraw from. Students have until 11/7/2023 for ½ year courses begun in fall and 4/5/24 for full-year. Students will have until 5/12/24 to withdraw from classes started in January.

I understand that I am withdrawing from class(es) and understand that this decision could impact my financial aid if I apply to CT State following high school graduation.

Student Signature _____ Date _____

H.S. Coordinator's Signature _____ Date _____

Completed form (signed and dated) must be submitted to the College Career Pathways Coordinator in person, by mail or by fax (860) 253-3063 ONLY. This form will not be accepted through email.

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 **Dawn Bryden**, Title IX Deputy, dbryden@asnuntuck.edu, 860-253-1273, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.