



20 Church Street
 New Haven, CT 06510
 Phone: 203.285.2020
 Fax: 203.285.2018
GatewayCT.edu/registrar

WITHDRAWAL

This form must be submitted in person only

FOR: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER (Year) <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER 20____		Student ID #: @	D.O. B.:
Name: (Please Print Clearly) (Last) (First) (M.I. / Former Name)			
ADDRESS: <input type="checkbox"/> (Please check if this is a new address)			
CITY:	STATE:	ZIP:	
TELEPHONE: (Home)	(Work)	(Cell)	

- A student who wishes to withdraw from an individual course(s) may do so up to the tenth week of class. After the tenth week, and prior to one week before the last day of classes, withdrawals are permitted only with the signature of the instructor.
- A student may withdraw from the college (all courses) at any time during the semester until the last business day prior to the final exams start date.
- Please discuss your academic standing with your instructor prior to withdrawing.
- It is the student's responsibility to ensure the form is received by the Registrar's Office. Student can verify processing on my.comnet.edu.
- Form can not be mailed, faxed or emailed
- Withdrawal forms must be presented in person by the student.
- Exceptions for faxing the withdrawal forms can be made by the Registrar's Office only.

CRN	SUBJECT	CREDITS	SIGNATURE REQUIRED AFTER 10th WEEK	
			Instructor signature only	Date
			Instructor signature only	Date
			Instructor signature only	Date
			Instructor signature only	Date

Withdrawal from class(es) does not automatically relieve you from your financial obligations to the Gateway Community College! All students, including but not limited to, those on financial aid, installment plans, or third-party arrangements may be subject to financial penalties for reducing their course load. Please check with the Payments office for billing questions or the Financial Aid Office for award questions before you withdraw.

- I understand that all withdrawals are final. They cannot be changed once entered.
- I have checked with Financial Aid or Payments prior to submitting this form and am aware of my financial responsibilities to the college.
- I have read and understood the statements above and choose to withdraw from the courses listed above.

 STUDENT'S SIGNATURE DATE

FOR OFFICE USE ONLY

_____ DATE	CHANGE:	CODING
	FROM: ____ CREDITS	STAFF SIGNATURE
	TO: ____ CREDITS	