



# Office of Student Services

## OFFICIAL WITHDRAWAL FORM

1608 S.W. 9th Street, Lawton, OK 73501    www.cnc.cc.ok.us (580)591-0203

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ CNC Student ID: \_\_\_\_\_

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Major: \_\_\_\_\_

**\*\*\*STUDENT MUST OBTAIN ALL APPROPRIATE SIGNATURES BEFORE WITHDRAWAL CAN BE PROCESSED.**

Withdrawal Code <i>(see below)</i>	Course Name	Instructor	Instructor Signature	Passing/ Failing	Last Date Attended

**ACDM:** Academic Difficulties  
**EXPA:** Expelled (Academic)  
**EXPM:** Expelled (Misconduct)  
**PERS:** Personal  
**SICK:** Illness (documented)  
**UNKN:** Unknown

Director of Academics: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Services: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only*

Registrar: \_\_\_\_\_

Date approved: \_\_\_\_\_

Has student met all financial obligations?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_