



WITHDRAWAL FROM COM-FSM CLEARANCE

1 Name (Last Name, First Name, Middle Name)			2 Date		
3 Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year		4 Campus or Site		5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6 Mailing Address (P.O. Box, Street, City, State, Country, ZIP Code)			7 Date of Birth (MM/DD/YYYY)		8 Social Security Number
9 Phone Number	10 E-Mail Address		11 Degree or Certificate Program (A.A., A.S., A.A.S., 3rd Certificate of Achievement or Certificate of Achievement)		
12 Major or Area of Specialization		13 Academic Advisor		14 Withdrawal Date (MM/DD/YYYY)	

PLEASE CHECK ONE OR MORE OF THE FOLLOWING REASONS FOR WITHDRAWING FROM COM-FSM

Academic Difficulty
 Disciplinary
 Financial Difficulty
 Medical Reason
 Excessive Absences
 Graduation

Transfer, please indicate name and address of school: _____

Employment, please indicate name and address of employer: _____

Personal or other reasons: _____

FOR STAFF USE ONLY

Staff, please sign this sheet if this student has cleared with you, returned all textbooks, materials, etc. If there are still outstanding obligations, please make a note to indicate the unmet obligation.

OFFICES	SIGNATURE	DATE	REMARKS
Learning Resources Center			
MITC			
Dormitory			
Bookstore			
Financial Aid Office			
Guidance Counselor			
Business Office			
Admissions and Records			

PLEASE READ AND UNDERSTAND THE LEAVE OF ABSENCE POLICY BELOW, SIGN THE READMISSION STATEMENT, AND RETURN THIS FORM TO THE OFFICE OF ADMISSIONS AND RECORDS

LEAVE OF ABSENCE POLICY

“Third Year and Degree students taking a LEAVE OF ABSENCE the College are to comply with the procedure outlined in this policy. Students who are absent from school for one academic year (two consecutive semesters plus summer) must apply for re-admissions”

RE-ADMISSION STATEMENT

I understand that if I don't return after one academic year, I have to apply for re-admission prior to returning.

15 Student (Signature over printed name)

_____ Date

RECORDED BY _____	JOB TITLE _____	DATE RECORDED _____	
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