

WITHDRAWAL/DROP FORM

Please fill out, sign and submit this completed form to the front office if you wish to DROP or WITHDRAW from a course. If more than 25% of the course sessions have passed, you will receive a 'grade' of W (Withdrawn) for this course.

Student name _____ Date _____

Course Name and Number _____

Term and year (example: Winter 2000) _____

Student signature (REQUIRED)

Office Use Only:

Date/time/payment/initial _____

Please route in this order:

Midwifery Student Lactation Consultant Student

____REG ____FIN ____TECH ____LRC ____APC ____LPC ____MPC ____SPC ____File

Birthingway College of Midwifery

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