THE COLLEGE/UNIVERSITY OF THE BAHAMAS COURSE WITHDRAWAL FORM

To withdraw from a course, a student must submit a completed COURSE WITHDRAWAL FORM and receipt of payment of course withdrawal fee to the Records Department prior to the date specified in the official College/University Calendar for the particular academic semester/session. A "W" will be assigned to the official record (transcript).

Credit can be earned only upon successful repetition of the course.

Name of Student:	ID #:		
Please Print Programme:			
Status (check one): [] Freshman	[] Sophomore	[] Junior	[] Senior
Mailing Address:			
Telephone:	E-mail:		
Course Title:			
Course Abbreviation/Number:	Course Section:		
Number of Credits:	Semester/Session: _		
Course Fulfills (check one): [] Major Area	[] General Edu	cation [] Elec	tive requirement
Reason for Withdrawal:			
Signature of Student		Date	
Name/Signature of Course Instructor		Date	
C			
Name/Signature of Academic Advisor		Date	
	UDENT AFFAIRS USE OF		
Receipt of Course Withdrawal Fee: [] Yes [] No	Date Recorded:		
Signature, Assistant Director of Records		Date	
Signature Director of Records		Date	

 1^{st} SHEET RECORDS; 2^{ND} SHEET STUDENT; 3^{RD} SHEET ACADEMIC ADVISOR