



## MIDDLESEX COMMUNITY COLLEGE WITHDRAWAL FORM – AFTER THE REFUND DATE

***Signed form must be delivered or faxed (860-344-3055) to the Office of Enrollment Services by the close of business on the deadline date. No forms will be accepted after the deadline. Please consult the Academic Calendar for the deadline date. Failure to submit this form by the deadline may result in a grade of "F" for the course.***

Student ID @ \_\_\_\_\_ **OR** Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please Check One:**     Withdrawal from ALL Courses from the Current Semester  
 Withdrawal from ONLY those courses listed below (EACH COURSE INSTRUCTOR'S SIGNATURE IS REQUIRED)

**Semester:**     Fall         Spring         Summer         Winter Intersession        Year: \_\_\_\_\_

FINANCIAL AID and/or VETERAN'S BENEFITS may be affected by your withdrawal. Make an appointment with the Financial Aid Office or the Veterans Counselor **PRIOR** to submitting this form.

**Financial Aid Recipient:**         Yes     No                      **Veterans' Benefits Recipient:**         Yes     No

\_\_\_\_\_  
Financial Aid Signature if Applicable

\_\_\_\_\_  
Veterans Representative Signature if Applicable

Reason for Withdrawal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| CRN#<br>(ex. 3210) | COURSE<br>(ex. ENG 101) | COURSE TITLE<br>(ex. Composition) | INSTRUCTOR'S SIGNATURE<br>(Required for Individual Course Withdrawals) |
|--------------------|-------------------------|-----------------------------------|--|
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|                    |                         |                                   |  |
|                    |                         |                                   |  |
|                    |                         |                                   |  |

**ALL DEBTS are the responsibility of the student and must be paid immediately.**

**For Office Use Only:**

Date Received and Processed: \_\_\_\_\_