



# Course Withdrawal Form

670 West Boylston Street  
Worcester, MA 01606-2092  
Office of the Registrar

Today's Date: \_\_\_\_\_

QCC ID #: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
First Last

Primary Phone Number: \_\_\_\_\_

Semester: Fall 2021

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

\_\_\_\_\_  
COURSE & SECTION NUMBER (EX - ENG 101.02) CREDITS

\_\_\_\_\_  
Instructor or Advisor Signature Date

*Please Note: Withdrawing from one or more courses can impact course sequencing, pre-requisites, financial aid, and/or family medical insurance.*

**Please Indicate Reason For Withdrawal (select all that apply):**

**Personal:**

- |                                                             |                                                      |
|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Childcare problems (CH)            | <input type="checkbox"/> Lack of transportation (TR) |
| <input type="checkbox"/> Health (personal) (HE)             | <input type="checkbox"/> Moving (MO)                 |
| <input type="checkbox"/> Health (family) (HF)               | <input type="checkbox"/> Work Schedule Conflict (WK) |
| <input type="checkbox"/> Military Service (MS)              | <input type="checkbox"/> Not ready for college (NR)  |
| <input type="checkbox"/> Foreign or Government Service (FG) | <input type="checkbox"/> Church/Missionary (CM)      |

**Financial:**

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Insufficient financial aid (FA)    | <input type="checkbox"/> Ineligible for financial aid (IF) |
| <input type="checkbox"/> Change in financial situation (CF) |                                                            |

**Educational:**

- |                                                               |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Overwhelmed by studies (ED)          | <input type="checkbox"/> Courses did not meet goal (GO) |
| <input type="checkbox"/> Transferred to 2 yr institution (T2) | <input type="checkbox"/> Other (explain): _____         |
| <input type="checkbox"/> Transferred to 4 yr institution (T4) | _____                                                   |