



**KASKASKIA COLLEGE**  
**CCC Withdrawal Form**  
Centralia

Office Use Only
Date:
Initial:

Name (Print) \_\_\_\_\_ IDOC # \_\_\_\_\_  
*Last First MI*

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Semester --- ☐ Fall ☐ Spring ☐ Summer Today's Date \_\_\_\_\_ 20\_\_\_\_

COURSE PREFIX	COURSE NO.	SECTION	CREDIT HRS.

Instructor Signature \_\_\_\_\_ Student ID # \_\_\_\_\_

Student Initials \_\_\_\_\_