



**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\_\_\_\_

<b>COURSE PREFIX</b>	<b>COURSE NO.</b>	<b>SECTION</b>	<b>CREDIT HRS.</b>

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

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