



27210 College Rd, Centralia IL 62801  
(618) 545-3000 (800) 642-0859

# Student Withdrawal Form

Last Name	First Name	Middle Name	Student ID #
Mailing Address	City	State	Zip

Fall ☐ Spring ☐ Summer ☐ Date \_\_\_\_\_ 20 \_\_\_\_\_

Course Prefix	Course Number	Section	Credit Hours	Instructor

Kaskaskia College is interested in your progress toward your educational goals. Please indicate the PRIMARY reason you are withdrawing from your class(es) by checking one of the following options below.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> To Avoid a Failing Grade | <input type="checkbox"/> Called to Active Military Duty | <input type="checkbox"/> Instructor                  |
| <input type="checkbox"/> Location                 | <input type="checkbox"/> Financial Difficulty           | <input type="checkbox"/> Housing                     |
| <input type="checkbox"/> Inadequate Financial Aid | <input type="checkbox"/> Family Responsibility          | <input type="checkbox"/> Enrolled in Another College |
| <input type="checkbox"/> Employment               | <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Moved                       |
| <input type="checkbox"/> Health                   | <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Format i.e. online/hybrid   |

Other:

My signature below confirms that I understand that I am still financially responsible for the course(s) from which I have withdrawn and that I will receive a grade of "W" for each course. I also understand that this change in enrollment may affect my financial aid status and am aware that it is my responsibility to notify the Office of Financial Aid at 618.545.3080 if I have applied for or are receiving any form of aid.

Office Use Only
Date:
Initials:

\_\_\_\_\_  
Student Signature

Rev 2/29/12

\_\_\_\_ Student    \_\_\_\_ Instructor    \_\_\_\_ Student File