FMCC— COLLEGE IN THE HIGH SCHOOL
COURSE WITHDRAW FORM

SEMESTER ________ 20 ______

NAME: ____________________________ Phone Number: ______________________
Last         First         M

ADDRESS: ____________________________
Number & Street ____________________ City ____________________ State ________ Zip ________

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>SECTION LECTURE</th>
<th>SECTION LAB</th>
<th>“W” GRADE</th>
<th>INSTRUCTOR’S SIGNATURE</th>
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By completing and signing this form the College in High School (CHS) student is agreeing to be withdrawn (with a grade of ‘W’) from the course he/she was originally registered for. Students may withdraw from a fall-semester CHS course through December 1st. Students may withdraw from a spring-semester or full-year CHS course through May 1st. * A grade of “W” is automatically assigned for course withdrawals and no refunds are issued. Students may not withdraw from a CHS course after the withdrawal deadline except in cases of special circumstances that are verified and approved by the Provost.

* If these dates fall on a weekend or holiday, requests for drops or course withdrawals will be honored through the first day that classes meet after the deadline

Parent’s Signature __________________ Date ________ Guidance Counselor Signature __________________ Date ________ Registrar’s Signature __________________ Date ________

PLEASE NOTE:
Please either mail or fax this completed form to the Registrar’s Office at FMCC. Any incomplete forms will not be processed.

Our mailing address is: Fultom-Montgomery Community College
2805 State Hwy 67 Johnstown, NY 12095 Attn: Registrar’s Office

Our Fax number is: (518) 762-4334