



Cambridge College
Office of the Registrar

Student ID# _____

Or

S.S.# ____/____/____

Course Withdrawal Form

Please Print and complete form

Check off Location

- Cambridge, MA Campus Springfield, MA Center
- San Juan, PR Center Lawrence, MA Center
- Chesapeake, VA Center Augusta, GA Center
- Ontario, CA Center Memphis, TN Center

Please check Term YR _____

- FALL SPRING SUMMER

Student Information

Name _____ Contact Telephone (____) ____ - ____ Home/ Cellular
(____) ____ - ____ Work

Email Address _____

COURSE(S) TO BE WITHDRAWN

_____	_____	_____
course #	Title	# credits
_____	_____	_____
course #	Title	# credits
_____	_____	_____
course #	Title	# credits

I understand that I am withdrawing from the above course(s) after the add/drop deadline and therefore I am still responsible for the full tuition.

Signature _____

Date ____/____/____

After printing and filling out this form, send by fax or mail to the Registrar's Office

Cambridge College - 1000 Massachusetts Avenue - Cambridge, MA 02138
Registrar's Office Phone- (800) 877-4723 x. 1101 - Fax - (617) 349-3560