

AANIHH NAKODA COLLEGE

WITHDRAWAL FORM

(Weeks 2-10 and Grade “W” on Transcript)

Name _____ Student ID# _____

Date _____ Fall Semester _____ Spring Semester _____ Summer Semester _____ Advisor Initials _____

W I T H D R A W A L	Course Number	Course Title	Credit	Instructor

Student Signature: _____ Reasons _____

Financial Aid Officer _____
 Registrar _____
 Business Office _____

Week 2 3 4 5 6 7 8 9 10
 Grade “W” on Transcript

Current Credits _____
 Add/Drop _____
 Remaining Credits _____