

Wallace Community College Wallace Campus at Dothan, Sparks Campus at Eufaula

TOTAL WITHDRAWAL FORM

Type of Withdrawal: Total					DEADLINE	DEADLINE DATE1		12/3/2020	
INSTRUCTIONS 1. Return the opening with a sions@walle	completed form	to: Wallace Ca	ımpus—Enr	ollment Services	s; Sparks Campus—	Student Ser	vices or to	admis-	
Name					Student ID Number				
Last Fir				MI					
Address					City	ST	Zip		
Date of Withdraw	/al			_ Term of Withd	rawal				
Reason for WithEmployed in fAcademicInstitutional Are you receivir If yes, what type	ield/related field	IE I 1	llness Fransfer	non-related field Pell Grant VA	dFinancial Personal Armed Forces No SEOG WIA	Sc	er holarship her		
COURSE#	SECTION#	CR HRS	GRADE	LAST DATE ATTENDED	INSTRUCTOR'S SIGNATURE			DATE	
-		assigned as tl	he final gra	de if the studer	nt withdraws before	the deadling	ne.		
STUDENT SIGN	ATURE		FOR C	OFFICE USE ON	ILY				
Type of Withdrav (Official withdraw	val: vals are initiated	Official by the student		Unof		uctor or colle	ege official	.)	
	rning Resource				Business Office	ce			
SignatureAdmiss	sions/Records o	<u>r</u> College Repr	esentative	_ Date					