



Office of the Registrar

Bard College
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Course Withdrawal Form

STUDENT NAME:

ID#

DATE:

SEMESTER

COURSE DISCONTINUED: **WITHDRAW**

CRN	SUBJECT	COURSE #	TITLE	CREDITS
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REASON FOR WITHDRAWAL:

ADVISER'S COMMENTS (required):

INSTRUCTOR'S SIGNATURE: _____

ADVISER'S SIGNATURE: _____

PLEASE NOTE:

This form must be submitted prior to the last three weeks of the semester.
Withdrawals are recorded on academic transcripts and appear as "W".
Withdrawing from a course *may* affect future financial aid eligibility.