

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: _____ Name: _____

Class Year: _____ Term: _____ Year: _____

COURSE STUDENT WISHES TO WITHDRAW FAILING

Please check one: Is this course a prerequisite to a course you are enrolled in for a future semester? Yes No

CRN: _____ Crs/#: _____ Sect #: _____ Title: _____