



SAGINAW CHIPPEWA TRIBAL COLLEGE
Course Withdrawal Form

Note: Check Academic Calendar for withdrawal date.

| |
|-----------------|
| Semester: _____ |
| Year: _____ |

Student's Name: _____ Social Security No: _____

| Course Number | Section | Course Name | Day / Time | Credits | Instructor's Name |
|---------------|---------|-------------|------------|---------|-------------------|
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Check if withdrawing from all classes

Student's Signature: _____ Date: _____

Signature of SCTC Administration: _____ Date: _____

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|-------------|
| Office Use: |
|-------------|

Copies: 1) student 2) student file 3) registrar