ADMISSIONS & RECORDS OFFICE

570 Golden Eagle Ave., Quincy, CA 95971
(530) 283-0202 – Fax (530) 283-9961

Official Withdrawal

Date _____ FRC ID # or SS# _____

_____

Last Name First Initial

Address_____

PO Box/Street City State Zip

Will this be your forwarding address? ❑ Yes ❑ No

If No: _____

PO Box/Street City State Zip

Date-of-Birth_____-_____-_____ Phone (_____) _____-_____

Semester from which you are withdrawing: ❑ Fall ❑ Spring ❑ Summer 20_____

Signature_____

FINANCIAL OBLIGATIONS MUST BE CLEARED BEFORE THE COLLEGE WILL ISSUE TRANSCRIPTS

WITHDRAWAL REASON:

❑ Housing Reasons (WH) ❑ Classes (WF) ❑ Financial Reasons (WD) ❑ Medical Withdrawal (WX)
❑ Personal/Emergency (WC) ❑ Military (WM) ❑ Other _____

_____

_____

Counselor's signature_____

Clearance is required from the following offices:

DSP&S, ext. 255:	❑ Cleared	❑ Not Cleared	_____
WorkAbility III, ext. 255:	❑ Cleared	❑ Not Cleared	_____
Post Office, ext. 271:	❑ Cleared	❑ Not Cleared	_____
Student Accounts: Bus. Ofc.	❑ Cleared	❑ Not Cleared	_____
Holds	❑ Cleared	❑ Not Cleared	_____
Housing	❑ Cleared	❑ Not Cleared	_____
Financial Aid:	❑ Cleared	❑ Not Cleared	_____
Veterans:	❑ Cleared	❑ Not Cleared	_____

RECORDS OFFICE USE ONLY

Processed by_____ Date_____

❑ Copy to Dean of Students ❑ Copy to Financial Aid

3/18/08