

Department of Extended Learning College Credit Through Correspondence COURSE WITHDRAWAL FORM

Please print, complete and submit form to:
College Credit Through Correspondence (CCTC)
Department of Extended Learning
Southwest Baptist University
1600 University Avenue
Bolivar, MO 65613-2597

Name: _____

Student ID# _____

Address: _____

_____ City State Zip

Is this a new address? ____ Yes ____ No

Phone: (W) _____ (H) _____

#1 Course Number and Name: _____

Date Enrolled (approx.) _____

#2 Course Number and Name: _____

Date Enrolled (approx.) _____

Please refer to the College Credit Through Correspondence Catalog (print or web) for **specific course withdrawal information**. This form will serve as official withdrawal notice when received by the Office of Extended Learning. The **postmark** will be used as the official withdrawal date.

Student Comments:

Student's Signature: _____

Date: _____

CAT:CAT1011A