

# 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:**

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**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

CAT:CAT0910A