

SEMESTER _____ **20** _____

OFFICE USE ONLY: Completed by: _____ _____ Power Campus No.

NAME: _____ **Phone Number:** _____
Last First M

ADDRESS: _____
Number & Street City State Zip

COURSE NUMBER	SECTION LECTURE	SECTION LAB	“W” GRADE	INSTRUCTOR’S SIGNATURE

By completing and signing this form the College in High School (CHS) student is agreeing to be withdrawn (with a grade of ‘W’) from the course he/she was originally registered for. Students may withdraw from a fall-semester CHS course through **December 1st**. Students may withdraw from a spring-semester or full- year CHS course through **May 1st**.* A grade of “W” is automatically assigned for course withdrawals and no refunds are issued. Students may not withdraw from a CHS course after the withdrawal deadline except in cases of special circumstances that are verified and approved by the Academic Dean.

* If these dates fall on a weekend or holiday, requests for drops or course withdrawals will be honored through the first day that classes meet after the deadline.

Parent’s Signature Date Guidance Counselor Signature Date Registrar’s Signature Date

PLEASE NOTE: Please either mail or fax this completed form to the Registrar’s Office at FMCC. Any forms not complete will not be processed. Any forms received after the deadline date will not be processed.

Our mailing address is: 2805 State Hwy 67 Johnstown, NY 12095 Attn: Registrar’s Office

Our Fax number is: (518) 762-4334