



# COLLEGE OF MICRONESIA - FSM

Office of Admissions, Records and Retention

[www.comfsm.fm](http://www.comfsm.fm)

Accredited by the Western Association of Schools and Colleges (WASC)

### NATIONAL CAMPUS

P.O. Box 159  
Palikir, Pohnpei, FSM 96941  
Phone: (691) 320-2480

### CAREER & TECHNICAL EDUCATION CENTER

P.O. Box 614  
Kolonia, Pohnpei, FSM 96941  
Phone: (691) 320-3795

### CHUUK CAMPUS

P.O. Box 879  
Weno, Chuuk, FSM 96942  
Phone: (691) 330-2689

### KOSRAE CAMPUS

P.O. Box 37  
Tofol, Kosrae, FSM 96944  
Phone: (691) 370-3191

### YAP CAMPUS

P.O. Box 286  
Colonia, Yap, FSM 96943  
Phone: (691) 350-2296

### FSM FMI

P.O. Box 1056  
Colonia, Yap, FSM 96943  
Phone: (691) 350-5244

## WITHDRAWAL CARD

For Instructor Use

Spring  Summer  Fall

Year

Name (Last Name, First Name, Middle Initial)

Campus or Site

Date

COURSE	COURSE NO.	SECTION	COURSE TITLE	CREDIT	ROOM	DAY	TIME

### Reason for withdrawing

- |  |   |
|--|---|
| <input type="checkbox"/> Attendance                | <input type="checkbox"/> Low grade              |
| <input type="checkbox"/> Study/Learning difficulty | <input type="checkbox"/> Technology challenges  |
| <input type="checkbox"/> Financial reasons         | <input type="checkbox"/> Others (specify below) |
| <input type="checkbox"/> Personal reasons          |   |
| <input type="checkbox"/> Health reasons            |   |

Instructor (Signature over printed name)

Date

For Office of Admissions, Records & Retention

RECORDED BY

JOB TITLE

DATE RECORDED

### Notes:

- This form is for Instructor initiated withdrawals only
- Signed & complete form is forwarded to the Office of Admissions, Records & Retention

Revised: 06/24/2021

FORM 10-11-13



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