OCLEGE OF IMCRONESIA FSIVI Office of Admissions and Records www.comfsm.fm

| NATIONAL CAMPUS | CHUUK CAMPUS | 7AP CAMPUS | 7AB (186 187 | 7AB

| → Accie | dited by the western Association of Schools and Collegi | es (marac) | Phone: (671) 320-3799 | Fhone: (65) 370-3151 | Phone: 390-92* | H | | |
|--|---|------------|-----------------------|------------------------|----------------|----------------------------|--|--|
| WITHDRAWAL CARD Spring Summer Fall Year | | | | | | | | |
| Name (Last Name, First Name, Middle Name) | | 2 Camp | 2 Campus or Site | | 3 Date | | | |
| COURSE NO. | COURSE TITLE | CREDIT | INSTRUCTOR | ROOM | DAY | TIME | | |
| | | | | | | | | |
| 4 Student has returned all books and materials 5 Student (Signature over printed name) | | | | | | | | |
| YES NO | | | Date | | | | | |
| Advisor (Signature over printed name) Instructor (Signature over printed name) | | | | | | | | |
| | Date | | | | | Date | | |
| Student may withdraw from a course up to two weeks after mid-term Fill out the Withdrawal Card and take it to your Academic Advisor and Instructor for approval. Return all borrowed books and materials to your instructor. Return the Withdrawal Card to the Office of Admissions and Records | | | | | | | | |
| RECORDED BY | ЈОВ ТІТ | IE | D | ATE RECORD | ED | | | |
| | | | | | | Form No. 3 (Rev. 1/3/2006) | | |

| Office of Admissions and Record www.comfsm.fm Accredited by the Western Association of Schools an WITHDRAWAL CA | cls nd Colleges (WASC) | MATIONAL CAMPUS 90. Box 150 Sallist, Patripai, PSM 99941 Proces (870) 330-2480 PHONNES CAMPUS FO. Box 614 Solonia, Potripai, FSM 1641 Phone: (841) 330-3716 | CHUUK CAMPUS AQ Box 877 Wano, Chuuk, PSM 74512 Fhorax (41) 330-267 WOSRAE CAMPUS AQ Box 27 Total Kozza, PSM 14511 Fhorax (41) 370-3111 | YAP CAMPL FO, Box 286 Calonia, Yap, 53 Frome: (\$7.1) 36 FSM FMI FO, Box 1006 Calonia, Yap, FS Frome: 350-521 Year | M 16713 0-2216 M 16713 |
|--|---|---|--|--|------------------------------|
| Name (Last Name, First Name, Middle Name) | 2 Campus | | 3 Date | <u> </u> | |
| COURSE NO. COURSE TITLE | CREDIT | INSTRUCTOR | ROOM | DAY | TIME |
| Student has returned all books and materials YES NO | 5 ^{sh} | udent (Signature ove | r printed name) | | Date |
| 6 Advisor (Signature over printed name) | Date 7 in | structor (Signature o | ver printed name) | | Date |
| Student may withdraw from a course up to two Fill out the Withdrawal Card and take it to you Return all borrowed books and materials to you Return the Withdrawal Card to the Office of Act | ur Academic Advisor and ur instructor. | l Instructor for approv | ral. | | |
| RECORDED BY J | OB TITLE | | DATE RECORD | ED | From No. 3 (Day 1/9/00) |