



COLLEGE OF MICRONESIA-FSM

Office of Admissions and Records

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| WITHDRAWAL CARD (For Instructor Use) | | | | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall | | | Year |
|---|--------------|-----------|--|---|-----|---------------|------|
| 1 Name (Last Name, First Name, Middle Name) | | | | 2 Campus or Site | | 3 Date | |
| COURSE NO. | COURSE TITLE | CREDIT | INSTRUCTOR | ROOM | DAY | TIME | |
| | | | | | | | |
| 4 Student has returned all books and materials <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 5 Instructor (Signature over printed name) _____ | | | | |
| | | | Date _____ | | | | |
| ▶ Return the Withdrawal Card to the Office of Admissions and Records | | | | | | | |
| RECORDED BY | | JOB TITLE | | DATE RECORDED | | | |



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