Marist College
Academic Learning Center
School College Program

Course Withdrawal Form

Please print all information neatly

Semester Fall 20 ___ Spring 20___

Student Name_____ CWID_____

(For ALC Office Only)

High School _____

Course #	Course Title	Teacher Name (Print)	Teacher Signature

****Payments for this course are non-refundable***.

Student Signature_____ Date _____

Please mail form to: Marist College
Academic Learning Center
3399 North Road, LB 331
Poughkeepsie, NY 12601