

Semester Withdrawal

620 N. Emerald Road ● PO Box 1467 ● Greenwood, South Carolina 29648-1467 Telephone (864) 941-8324 ● FAX (864) 941-8566

This form should \underline{only} be used when a student has decided to withdraw from the LAST COURSE.

After the 60% point for late term (see Student Calendar for dates), all withdrawals may be completed through PTC Pathway.

Student Name		PTC ID Number	Phone Number
Check appropriate terms	Fall Spring	Summer Year _	
I. List the last course	to be withdrawn.		
CRN	Subject	Course Number	Section
Reason for With	lrawal		
Illness	Transportation Pers	sonal Fina	ancial
Difficult Level	Job Conflict Do	not need course Oth	er
II. Signatures:			
· ·	· ·	•	rior to attending 60% of the term coceed with the withdrawal from
Student:		Date:	
	nat there may be financial cons otential consequences and has		
Advisor/Counselor:		Date:	

After signing, please forward to the Student Records Office for processing.