

**Application to Withdraw from Class(es)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

CUNY First Identification Number \_\_\_\_\_

Semester and Year \_\_\_\_\_ Are you withdrawing from all courses?  Yes  No**Courses to be Withdrawn from (W Grade)**

| <b>Course</b> | <b>Number</b> | <b>Section</b> | <b>CUNY First Class No.</b> |
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Student's Signature \_\_\_\_\_