



**Kennebec Valley Community College**  
92 Western Avenue, Fairfield, Maine 04937  
(207) 453-5000 Fax (207) 453-5010

# Withdrawal Form

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Program: \_\_\_\_\_

Date of last class: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

**Please Return Completed Form to the Academic Affairs Office**