

WITHDRAWAL FORM

92 Western Avenue, Fairfield, ME 04937-1367 PH: 207-453-5000 FAX: 207-453-5010

www.kvcc.me.edu

Student Name:	 Phone:	
Address:		
Major:	Student ID#:	
Course Number:		
Reason for Withdrawal:		
By: Student	 Date	

Return completed form to the Academic Affairs Office.