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WITHDRAWAL CARD (For Instructor Use)				Spring Summer Fall Year			
Name (Last Name, I	First Name, Middle Name)			Campus or Site	Date		
COURSE NO.	COURSE TITL	.E	CREDIT	INSTRUCTOR	ROOM	DAY	TIME
4 Student has returned all books and materials 5 Instructor(Signature over printed name)							
							Date
▶ Return the Withdrawal Card to the Office of Admissions and Records							
RECORDED BY		JOB TITLE		DA	TE RECORDE	D	

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COURSE TITLE	CREDIT	INSTRUCTOR	ROOM	DAY	TIME	
4 Student has returned all books and materials 5 Ir			nstructor(Signature over printed name)			
□NO						
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	rst Name, Middle Name) COURSE TITLE all books and materials	cor Use) rst Name, Middle Name) COURSE TITLE CREDIT all books and materials 5 Institute	cor Use) rst Name, Middle Name) COURSE TITLE CREDIT INSTRUCTOR all books and materials 5 Instructor(Signature over printe	cor Use) rst Name, Middle Name) COURSE TITLE CREDIT INSTRUCTOR ROOM all books and materials 5 Instructor(Signature over printed name)	cor Use) rst Name, Middle Name) COURSE TITLE CREDIT INSTRUCTOR ROOM DAY all books and materials 5 Instructor(Signature over printed name)	

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