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Program/Course Withdrawal Request Form

Student Information (Legal Name)

Last Name/Surname:	First/Given Name:
Email:	Phone:
Student ID:	Current Session: Fall A Fall B Spring A Spring B Summer Year:

I am requesting a (select one):

Program Withdrawal

Course Withdrawal

List below the course(s) you are requesting to withdraw from:

Reason For Withdrawal

Academic: No longer need course Course too difficult, etc. Other: _____

Personal: Family responsibilities work schedule conflict Other: _____