

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Class Year: \_\_\_\_\_ Term: \_\_\_\_\_ Year: \_\_\_\_\_

### COURSE STUDENT WISHES TO WITHDRAW FAILING

Please check one: Is this course a prerequisite to a course you are enrolled in for a future semester?  Yes  No

CRN: \_\_\_\_\_ Crs/#: \_\_\_\_\_ Sect #: \_\_\_\_\_ Title: \_\_\_\_\_