



SHELTON STATE

COMMUNITY COLLEGE

VETERAN INFORMATION CENTER WITHDRAWAL CERTIFICATION REQUEST

I, _____ (Print Name), _____ (Student ID #),
request to have my certification of enrollment reduced because I plan on withdrawing
from the following course(s) reducing my enrollment to ____ hours for the Summer 2016
semester. I will contact the Veterans Information Center if any other changes occur to
my enrollment status for the term specified above. Below is a list of the course(s) that I
plan on withdrawing from at this time.

Student Signature _____

Date _____

Office Use Only

Enrollment changed date _____

Initials _____